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TRANSPORTER OIL		
TRANSPORTER GAS		
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator
Exxon Corporation

Address
Box 1600, Midland, Texas 79701

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
New Mexico "S" State	34	Drinkard	State, Federal or Fee State	B-934

Location
Unit Letter O ; 330 Feet From The South Line and 1750 Feet From The East

Line of Section 2 Township 22-S Range 37-E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]
Texas New Mexico Pipeline Co.
Address (Give address to which approved copy of this form is to be sent)
Box 1510, Midland, TX 79701

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
El Paso Natural Gas Co.
Address (Give address to which approved copy of this form is to be sent)
Box 1384, Jal, N.M. 88252

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	2	22-S	37-E	Yes	11-16-76

If this production is commingled with that from any other lease or pool, give commingling order number: PC-137

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-27-76	11-19-76	7847	7465
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
KB 3367	Drinkard	6216	6208
Perforations			**Depth Casing Shoe**
6216-6263			7847

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/8	10-3/4	1138	670 sx cmt. circ.
8-3/4	7	7847	1840 sx top cmt. 1020 T.S.

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1105	24 hr.	-	-
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Flowing	500	900	32/64

I. CERTIFICATE OF COMPLIANCE

This is a gas well in the Drinkard oil pool

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

B. C. Landers
(Signature)
Unit Head
(Title)
11-23-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 8 1977, 19

BY Jerry Sexton
SUPERVISOR, DISTRICT I

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, or transporter, or other such change of condition.