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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROPORTION OF FICE	
Operator	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-111
Effective 1-1-65

RECEIVED

MAY 19 1977

CHANGE OPERATOR NAME FROM
HUMBLE OIL & REFINING COMPANY
TO EXXON CORPORATION
EFFECTIVE JANUARY 1, 1973

O. C. C.
ARTESIA, OFFICE

Address Humble Oil & Refg Co
Box 1600 - Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Dry Gas	<input type="checkbox"/>	Other (Please explain) <u>Effective 8-1-70</u>
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Condensate	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>			

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>De Smet Federal</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Double L Queen (Chaves)</u>	Kind of Lease State <u>Federal</u> Fee
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>S</u> Line and <u>660</u> Feet From The <u>W</u> Line of Section <u>6</u> , Township <u>15-S</u> Range <u>30-E</u> , NMPM, <u>Chaves</u> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refg Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>N. Freeman Ave - Artesia, N. Mex.</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>6</u>	Twp. <u>15-S</u>	Rge. <u>30-E</u>	Is gas actually connected? <u>No.</u>	When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.E.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

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/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

Deputy
(Signature)

Unit Head
(Title)

7/29/70
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY [Signature]
TITLE SUPERVISOR DISTRICT

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

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

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

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

Separate Form C-104 must be filed for each pool in each