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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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-1
Effective 1-1-65

CHANGE OPERATOR NAME FROM HUMBLE OIL & REFINING COMPANY TO EXXON CORPORATION EFFECTIVE JANUARY 1, 1973	
Operator <u>Humble Oil & Refg Co.</u>	
Address <u>Box 1600, Midland, Texas 79701</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Effective <u>8-20-70</u>	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE	
Lease Name <u>Hesse Federal</u>	Well No. <u>2</u> Pool Name, Including Formation <u>Double L Queen (Chaves)</u>
Location	Kind of Lease State <u>Federal</u> or Fee
Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>N</u> Line and <u>330</u> Feet From The <u>W</u>	
Line of Section <u>7</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 Sec. Twp. Rge. Is gas actually connected? When
<u>E</u> <u>7</u> <u>15-S</u> <u>30-E</u>	<u>No</u>

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 Some Res'v. Diff. Res.
Date Spudded	Date Compl. Ready to Prod. Total Depth P.B.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

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
Testing Method (pilot, back pr.)	Tubing Pressure
	Casing Pressure
	Choke Size

I. 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.

Permanet
(Signature)

Unit Head
(Title)

8/29/70
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	19
BY	
TITLE	

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

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

All sections of this form must be filled out completely for all wells 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 conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.