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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	2
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-11
Effective 1-1-65

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MAR 2 1977

EXXON CORPORATION ✓	O.C.C.
Address	ARTESIA, OFFICE
Box 1600, MIDLAND, TEXAS 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

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.
RED LAKE FED. COM.	1	RED LAKE- MORROW	State, Federal or Fee FED	C069274
Location	Unit Letter	Feet From The	Line and	Feet From The
	L	1980	SOUTH	810
			Line and	WEST
Line of Section	Township	Range	NMPM,	County
6	18-S	27-E	LEA Eddy	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS	Box 1384, JAL, NEW MEXICO 88252
Unit	Sec.
-	-
Is gas actually connected?	When
YES	3-1-77

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'tv.	Diff. Res'tv.
		✓	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11-7-75	1-9-76	9360	9299					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
GR 3388	MORROW	9216	9045					
Perforations	Depth Casing Shoe							
9216-9240 (215 HOTS)	9340							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	243	240 SACKS
12 1/4	8 5/8	2016	1200 SACKS
7 1/8	4 1/2	9340	870 SACKS
	2 7/8	9045	

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1930, 1785	4 HRS		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
4-POINT		PKR	7/64, 10/64, 17/64, 14/64

CERTIFICATE OF COMPLIANCE C.A.C.F. 4307

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.

S. X. Clement

(Signature)

W. H. T. HEAD

(Title)

2-28-77

(Date)

OIL CONSERVATION COMMISSION

APPROVED

MAR 3 1977

BY

W. A. Gressett
SUPERVISOR, DISTRICT II

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 data 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 owner, well name or number, or transporter or other such change of condition.