

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
Form C-104
Revised 10-78
NOV 09 1983
O. C. D.
ARTESIAL OFFICE

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SANTA FE	<input checked="" type="checkbox"/>
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OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR
Operator EXXON CORPORATION ✓
Address Box 1600, MIDLAND TEXAS 79702
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐
Other (Please explain) EX-2-760 UNTIL 1-24-83
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>NEW MEXICO DC STATE</u>	Well No. <u>2</u>	Pool Name, including Formation <u>WILDCAT QUEEN</u>	Kind of Lease <u>State, Federal or Con.</u>	Lease N <u>LG-1637</u>
Location Unit Letter <u>I</u> : <u>1780</u> Feet From The <u>SOUTH</u> Line and <u>1660</u> Feet From The <u>EAST</u> Line of Section <u>18</u> Township <u>19S</u> Range <u>29E</u> NMPM, <u>EDDY</u> Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>PERMIAN CORPORATION</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183 HOUSTON TEXAS 77001</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>CONOCO INC</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 90 MALTAMAR, N.M. 88264</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>18</u>
	Twp. <u>19</u>	Rge. <u>29</u>
	Is gas actually connected? <u>YES</u>	When <u>10-6-83</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	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 oil able 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/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

D. F. Lowe
(Signature)
SR. ADMIN
(Title)
11-8-83
(Date)

OIL CONSERVATION DIVISION
NOV 10 1983
APPROVED _____, 19____
BY Mike Williams
TITLE OIL AND GAS INSPECTOR

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 deviate 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 owner well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiphase completed wells.