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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

MAY 18 '89

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Exxon Corporation	Well API No. 30-015-24473
Address P.O. Box 1600, Midland, TX 79702	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <input checked="" type="checkbox"/> Exxon assumed operations effective 5-1-89. Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Mesa Petroleum Co., P.O. Box 2009, Amarillo, TX 79189	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hondo "A" State	Well No. 4	Pool Name, Including Formation Unders. Delaware	Kind of Lease State/Federal or Fee	Lease No. L-324
Location Unit Letter M : 660 Feet From The South Line and 330 Feet From The West Line Section 32 Township 20S Range 28E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil Permian	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas Phillips 66 Natural Gas Co.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4601 Pembroke St., Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Unit M Sec. 32 Twp. 20S Rge. 28E	Is gas actually connected? <input checked="" type="checkbox"/> When? 8-21-83

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 Res'v	Diff Res'v
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			
					Post I.D.-3			
					5-26-89			
					chg ap			

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 Tank	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Signature Stephen Johnson
Printed Name Stephen Johnson Administrative Specialist
Date 5-16-89 Telephone No. (915) 688-7548

OIL CONSERVATION DIVISION

Date Approved MAY 23 1989

By Mike Williams Original Signed By

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.