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LAND OFFICE	
TRANSPORTER	OIL GAS 1
OPERATOR	1
PRORATION OFFICE	

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

Form O-104
Supersedes Old O-104 and O-110
Effective 1-1-65

RECEIVED

JAN 9 1974

O. C. C.

ARTESIA, OFFICE

Exxon Corporation ✓

Box 1600, Midland, Texas 79701

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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Carlsbad Gas Com. No.3	Well No. 1	Pool Name, Including Formation South Carlsbad Morrow	Kind of Lease State, XXXXXXXXXX
Location: Unit Letter <u>C</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>1,980</u> Feet From The <u>West</u> Line of Section <u>26</u> , Township <u>23-S</u> Range <u>26-E</u> , NMPM, <u>Eddy</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas	Box 1382, Jal, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit -	Sec. -	Twp. -	Rge. -	Is gas actually connected? <u>No</u> <u>Yes</u>	When <u>1-12-74</u> Approx. <u>1-10-74</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 Restv.	Diff. Restv.
		X	X					
Date Spudded 9-26-73	Date Compl. Ready to Prod. 12-18-73	Total Depth 11,930	F.B.T.D. 11,887					
Pool So. Carlsbad Morrow	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,600	Tubing Depth 11,392					
Perforations 11460-586, 11517-547, 11576-586, 11600-604, 11740-11746, 11801-804, 11818-824			Depth Casing Shoe 11,930					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	674	585					
12-1/4"	9-5/8"	5,300	1,400					
8-3/4"	7"	11,930	1,250					

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 466	Length of Test 5	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) Flow Test	Tubing Pressure 640	Casing Pressure Pkr	Choke Size 3/4

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.


(Signature)

Unit Head

(Title)

January 7, 1974

(Date)

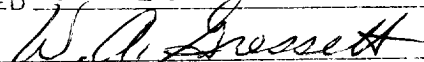
OIL CONSERVATION COMMISSION

APPROVED

JAN 16 1974

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BY



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 deviation 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 Sections I, II, III, and VI only for changes of operator, well name or number, or transporter or other such change of information.

Separate Forms O-104 must be filed for each pool in a well.