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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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-110
Effective 1-1-65

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SEP 16 1974

Operator Exxon Corporation		O.C.C. ARTESIA OFFICE	
Address Box 1600, Midland, Texas 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Carlsbad Gas Com. No. 4	Well No. 1	Pool Name, Including Formation S. Carlsbad Morrow	Kind of Lease State, Federal or Fee	State
Location Unit Letter "G" ; 1980 Feet From The North Line and 1980 Feet From The East Line of Section 27 , Township 23-S Range 26-E , NMPM, Eddy 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)					
Ilano, Inc.	P.O. Drawer 1320, Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	9-6-74

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.
		X	X					
Date Spudded 12-23-73	Date Compl. Ready to Prod. 5-17-74	Total Depth 11866	P.B.T.D. 11,777					
Pool S. Carlsbad Morrow	Name of Producing Formation Morrow	Top Oil/Gas Pay 11504	Tubing Depth 11,260					
Perforations 11504-522, 11723-11732			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	620	555					
12 1/4	9 5/8	5390	1250					
8 3/4	7"	10250	886					
Liner	4 1/2	9777-11861	330					

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 1161	Length of Test 4 hrs. (Prod. 350 MCF)	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pitot, back pr.)	Tubing Pressure 400#	Casing Pressure PKR	Choke Size 24/64, 30/64 32/64, 40/64

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)

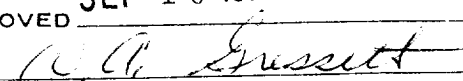
Unit Head
(Title)

9-12-74
(Date)

OIL CONSERVATION COMMISSION

SEP 16 1974

APPROVED _____, 19

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