

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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

I. Operator
 Exxon Corporation
 Address: 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

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "S" State	Well No. 27	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee	State
------------------------------------	----------------	--------------------------------------------	----------------------------------------	-------

Location:
 Unit Letter K ; 1830 Feet From The South Line and 1900 Feet From The West
 Line of Section 2 , Township 22-S Range 37-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal, New Mexico 88252

If well produces oil or liquids, give location of tanks.	Unit F	Sec. 2	Twp. 22-S	Rge. 37-E	Is gas actually connected? No	When 4-1-76 Est.
----------------------------------------------------------	-----------	-----------	--------------	--------------	----------------------------------	---------------------

If this production is commingled with that from any other lease or pool, give commingling order number: PC-137

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 11-20-75	Date Compl. Ready to Prod. 1-16-76	Total Depth 7388	P.B.T.D. -
Pool Drinkard	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6271	Tubing Depth 6241
Perforations 6271-6498	Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4	10-3/4	1167	600 sx Class "C"
8-3/4	7	7252	1550 sx Class "C"
	2-3/8	6241	

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 319	Length of Test 24	Bbls. Condensate/MMCF 10 (Load Oil)	Gravity of Condensate 33.1
Testing Method (pitot, back pr.) -	Tubing Pressure 125	Casing Pressure Packer	Choke Size 20/64

VI. CERTIFICATE OF COMPLIANCE
 This is a gas well in the Drinkard Oil Pool

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.

A. L. Clemmer
 (Signature)
 Unit Head
 (Title)
 1-28-76
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY [Signature]
 TITLE SUPPLY

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 change of ownership, well name or number, or transporter or other such change of ownership.
 Separate Forms C-104 must be filed for each pool in which is completed wells.