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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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-11
 Effective 1-1-65

Operator
Exxon Corporation

Address
Box 1600, Midland, TX 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 New Mexico "S" State	Well No.: 30	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee State	Lease No. B-934
Location Unit Letter I ; 2160 Feet From The South Line and 690 Feet From The East				
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 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 Co.	Box 1384, Jal, N.M. 88252
If well produces oil or liquids, give location of tanks.	Is gas actually connected? Yes
	When 10-19-76 - Shut In Not selling

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8-28-76	Date Compl. Ready to Prod. 10-19-76		Total Depth 7610			P.B.T.D. -		
Elevations (DF, RKB, RT, GR, etc.) 3370 RKB	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6270			Tubing Depth 6196		
Perforations <i>10' 12'</i>						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4	10-3/4	1144	670
8-3/4	7	7180	1700

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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 646	Length of Test 24 hrs.	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) -	Tubing Pressure (Shut-in) 165	Casing Pressure (Shut-in) -	Choke Size 30/64

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.

A. L. Clemmer
 (Signature)

Unit Head
 (Title)

10-26-76
 (Date)

OIL CONSERVATION COMMISSION

APPROVED *[Signature]* 1976

BY *[Signature]*

TITLE **DISTRICT**

This form is to be filed in compliance with Rule C-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 deviated tests taken on the well in accordance with Rule 111.
 All sections of this form must be filled out completely for all wells on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for change of casing, well name or number, or transporter, or other such change of conditions.

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OCT 28 1975

OIL CONSERVATION COMM.
HOBBS, N. M.