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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-101 and C-11
Effective 1-1-67

Operator
EXXON CORPORATION
Address
Box 1600, MIDLAND, TEXAS

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐		
Recompletion ☐	Casinghead Gas ☒ Condensate ☐		
Change in Ownership ☐			

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>TOBAC STATE OIL CO.</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>TOBAC PENN</u>	Kind of Lease State, Federal or Free	Lease No. <u>OG-6000</u> <u>E-825</u>
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line of Section <u>21</u> Township <u>8-S</u> Range <u>33-E</u> , N.M.P.M. <u>CHAVES</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>MOBIL PIPELINE COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>ATTN: PRODUCTION SECTION</u> <u>Box 900, DALLAS, TEXAS 75221</u>					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>CITIES SERVICE COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 300, TULSA, OKLA. 74102</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>21</u>	Twp. <u>8-S</u>	Rge. <u>33-E</u>	Is gas actually connected? <u>YES</u>	When <u>1-1-78</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stim. Resv.	Full. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.D.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

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

D.L. Clemmer
(Signature)
D.L. CLEMMER
(Title)
1-30-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 2 1978, 19
BY John W. Dwyer
TITLE Geologist

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 available logs taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter or other such change of conditions.

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FEB 2 1978

OIL CONSERVATION COMM.
MOBBS, N. M.