

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISS.
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

CHANGE OPERATOR NAME FROM
HUMBLE OIL & REFINING COMPANY
TO **EXXON CORPORATION**
EFFECTIVE JANUARY 1, 1973

Operator HUMBLE OIL & REFINING COMPANY	
Address P.O. Box 1600, MIDLAND, TEXAS 79701	
Reason(s) for filing (Check proper box)	
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"/>
Other (Casinghead Gas MUST NOT BE FLARED AFTER 7/22/72 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEW MEXICO CR STATE	Well No. 1	Pool Name, Including Formation UNDESIGNATED	Kind of Lease State, Federal or Fee STATE
Location			
Unit Letter E ; 1980 Feet From The NORTH Line and 660 Feet From The WEST			
Line of Section 32 , Township 9-S Range 30-E , NMPM, CHAVES County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> THE PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, HOUSTON, TEXAS 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent) FLARE					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 32	Twp. 9-S	Rge. 30-E	Is gas actually connected? NO	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-3-72	Date Compl. Ready to Prod. 5-25-72		Total Depth 9450		P.B.T.D. 8950			
Pool UNDESIGNATED	Name of Producing Formation WOLF CAMP		Top Oil/Gas Pay 7266		Tubing Depth 7217			
Perforations 7266-7290					Depth Casing Shoe 7434			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	9 5/8		1476		700			
8 3/4	5		7434		1375			
	2 7/8		7217					

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 5-22-72	Date of Test 5-24-72	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 23	Tubing Pressure 100	Casing Pressure -	Choke Size 1/4"
Actual Prod. During Test 214	Oil-Bbls. 207	Water-Bbls. 7	Gas-MCF 225

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

OIL CONSERVATION COMMISSION
APPROVED **JUN 5 1972**, 19
BY **[Signature]**
TITLE **SUPERVISOR DISTRICT I**

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 multiply completed wells.

[Signature]
(Signature)
UNIT HEAD
(Title)
5-25-72
(Date)