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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-11
Effective 1-1-65

I. Operator: Exxon Corporation
Address: Box 1600 · Midland, TX 79702

Reason(s) for filing (Check proper box)
New Well [X] Change in Transporter of: Oil [ ] Dry Gas [ ] Condensate [ ] Casinghead Gas [ ]
Recompletion [ ]
Change in Ownership [ ]

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 4/1/81 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED from N.M.O.C.C.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Strange Federal	3	Tomahawk San Andres	FEO	NM 15677A

Location
Unit Letter J : 2100 Feet From The South Line and 1980 Feet From The East
Line of Section 25 Township 7-S Range 31-E , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Matador Pipelines, Inc.	Box 1558 Breckenridge, TX 76024
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
None	None

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6/17/80	11-5-80	4300'	4280
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
4408	San Andres	3851	4100
Perforations			**Depth Casing Shoe**
3851-4114, 56 shots			4288'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	1650	850
7 7/8	5 1/2	4288	1650
	2 7/8	4280	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8-26-80	11-5-80	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	—	—	Pump
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
29	1	28	TSTM

GAS WELL

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

D. F. Laure
(Signature)
Sr. Administrator
(Title)
11-19-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____
BY _____
TITLE SUPERVISOR DISTRICT II

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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.