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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
JUL 24 8 46 AM '69

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	
Address Box 1600, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Recompleted from Devonian Gas Well to Penn. Oil Well.
Incompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE				
Lease Name South Four Lakes Unit	Well No. 2	Pool Name, Including Formation Four Lakes Penn.	Kind of Lease State, Federal or Fee State	
Location				
Unit Letter G	1980	Feet From The North	Line and 1980	Feet From The East
Line of Section 2	Township 12-S	Range 34 E	NMPM, Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Service Pipe Line Company Amoco Pipeline Co.			Address (Give address to which approved copy of this form is to be sent) 3411 Knoxville Ave., Lubbock, Texas 79413			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation			Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 2	Twp. 12-S	Rge. 34-E	Is gas actually connected? Yes	When 7-17-69

If 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	Same Res'v.	Diff. Res'v.
		X			X		X		X
Date Spudded 5-17-56	Date Compl. Ready to Prod. (9-22-56) Rec. 7-14-69	Total Depth 12924		P.B.T.D. 10,340					
Pool Four Lakes Penn.	Name of Producing Formation Pennsylvanian	Top Oil/Gas Pay 9840		Tubing Depth 9,900					
Perforations 9840 - 9864				Depth Casing Shoe 12,924					


TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	344	375
12-1/4	9-5/8	4200	2300
8-3/4	5-1/2	12924	1925

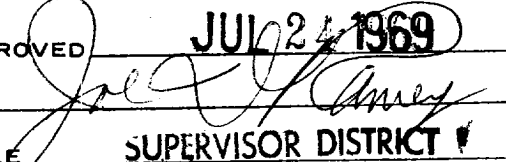
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7-14-69	Date of Test 7-16-69	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 125	Casing Pressure 125	Choke Size 20/48
Actual Prod. During Test 633	Oil - Bbls. 633	Water - Bbls. No	Gas - MCF 486

(GOR 768)

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

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.	
 (Signature) Proration Supervisor (Title) 7-18-69 (Date) DEL.	

OIL CONSERVATION COMMISSION	
APPROVED	JUL 24 1969
BY	
TITLE	SUPERVISOR DISTRICT
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	