STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator: Exxon Corporation

Address: P. O. Box 1600, Midland, TX 79702

Reason(s) for filing (Check proper box)

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL INDICATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. (5-1-84)

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Bowers A Federal	38	Hobbs (Drinkard) R-7807 -	State, Federal or Fee XXX	LC-032233 (A)

Location

Unit Letter I : 2080 Feet From The South Line and 560 Feet From The East

Line of Section 30 Township 18S Range 38E , NMPM, Lea 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)
Shell Pipeline Co.	P. O. Box 1910, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	**Address (Give address to which approved copy of this form is to be sent)**
Phillips Petroleum Co.	4601 Penbrook St., Odessa, TX 79762

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	30	18S	38E	Yes	4-30-84

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 Resv.	Diff. Res
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-25-84	4-19-84	7006	

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
KB-3661.7; GL-3649.7	Drinkard	6764	6849

Perforations	Depth Casing Shoe
6764-6782; 6903-6962 6968-7006 open hole interval	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	1476	1220
12 1/4	10 3/4	4491	1650
7 7/8	5 1/2	7000	660

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.)
4-6-84	5-1-84	Pumping

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs			

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	64	123	108

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Meeba Knipling
(Signature)
Unit Head
(Title)
May 8, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 11 1984, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

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 ownership, 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.