

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator

Address EXXON CORPORATION

BOX 1600 MIDLAND, TEXAS 79702

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☒ Condensate ☐

Change in Ownership ☐

Other (Please explain) C-104 OF 8-24-84 INCORRECT. GAS TIED TO PHILLIPS 8-15-84

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	Lease N
<u>NEW MEXICO BP STATE</u>	<u>3</u>	<u>VACUUM ABO REEF-</u>	State, Federal or Free	<u>E-818</u>
Location				
Unit Letter <u>K</u>	<u>2275</u>	Feet From The <u>SOUTH</u> Line and <u>1969</u>	Feet From The <u>WEST</u>	
Line of Section <u>7</u>	Township <u>18S</u>	Range <u>35-E</u>	NMPM.	<u>LEA</u>
				Count

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>TEXAS NEW MEXICO PIPELINE CO</u>	<u>P.O. BOX 2528 HOBBS, N. M. 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>PHILLIPS PET CO GPM Gas Corporation</u>	<u>4001 PEMBRICKS ODessa TEX 79762</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>EFFECTIVE February 1, 1992</u> <u>YES</u> <u>8-15-84</u>
<u>H</u>	<u>12</u> <u>18S</u> <u>34E</u>

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 Restv.	Dill. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.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

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 all
able 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 (pilot, 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.S.P. Lowe
(Signature)SR. ADMIN
(Title)11-8-84
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 1 1984, 19BY Edna W. LoneyTITLE OIL & Gas Division

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 deviatin
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owne
well name or number, or transporter, or other such change of conditioSeparate Forms C-104 must be filed for each pool in multip
completed wells.