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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Exxon Corporation	Well API No. 30-025-30437
Address P.O. Box 1600, Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico K State	Well No. 35	Pool Name, Including Formation Vacuum Glorieta	Kind of Lease State <input checked="" type="checkbox"/> Private <input type="checkbox"/>	Lease No. A-1320
Location Unit Letter 0 (SL) : 1195 Feet From The South Line and 2518 Feet From The East Line Section 28 Township 17S Range 35E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> Phillips Petroleum Company of Nall gas	Address (Give address to which approved copy of this form is to be sent) 4001 Pembroke, Odessa, TX 79702					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
		32	17S	35E	YES	12-29-88
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 11-19-88	Date Compl. Ready to Prod. 12-28-88		Total Depth 6300		P.B.T.D. 6280			
Elevations (DF, RKB, RT, GR, etc.) KB 3954 GR 3938	Name of Producing Formation Glorieta		Top Oil/Gas Pay 6013		Tubing Depth 6173			
Perforations 6014 - 6152 (276 perfs)					Depth Casing Shoe 6300			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		469'		500 sx CLC			
12 1/4"	8 5/8"		4764'		1950 sx CLH			
7 7/8"	5 1/2"		6300'		350 sx CLH			

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 Tank 12-29-88	Date of Test 12-29-88	Producing Method (Flow, pump, gas lift, etc.) Rod Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 172	Water - Bbls. 37	Gas- MCF 34

GAS WELL

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

VI. OPERATOR 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.

Signature S. Johnson
Printed Name Stephen Johnson Administrative Specialist
Date 1-9-88 (915) 688-7548
Telephone No.

OIL CONSERVATION DIVISION
JAN 12 1989
Date Approved
By Paul Kautz Orig. Signed by
Title Geologist

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.