

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator EXXON ~~Oil~~ Corp

Address P.O. BOX 1600, Midland, Texas 79702

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <u>Also, change name back to Aggies State #6.</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Chevron U.S.A. Inc., P.O. Box 670, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Aggies State</u>	Well No. <u>148</u>	Pool Name, including Formation <u>Eunice Monument GB/8A</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No.
Location Unit Letter <u>G</u> : 1980 Feet From The <u>North</u> Line and 1980 Feet From The <u>East</u>				
Line of Section <u>31</u> , Township <u>20S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Plugged

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when

this production is commingled with that from any other lease or pool, give commingling order number:

OTE: Complete Parts IV and V on reverse side if necessary.

IV. CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

M. E. Atkins  
(Signature) M.E. ATKINS  
Staff Drilling Engineer  
(Title)  
June 8, 1987  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 12 1987, 19  
BY ORIGINAL SIGNED BY JERRY TEXTON  
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 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 completed wells.

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JUN 9 1987

CCO  
HOBBS OFFICE