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TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

W MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

EXXON Corporation

P. O. Box 1600, Midland, Texas 79701

Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
New Well <input type="checkbox"/>	Oil <input type="checkbox"/>	Change in Lease Name
Recompletion <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	from Humble Aggies State to EXXON Aggies
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	State and change of Operator Name from
	Condensate <input type="checkbox"/>	Humble Oil & Refining Company to EXXON
		Corporation. Name change only - no change
		in ownership.

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease
Lease Name	EXXON Aggies State	9	EUNICE GRAYBURG SAN ANDRES	State, Federal or Fee State
Location	Unit Letter: E 1980 Feet From The NORTH Line and 660 Feet From The WEST			
Line of Section	31	Township	20-S	Range 37-E, NMPM, Lea County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Shell Pipe Line Corporation	P. O. Box 1910, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Phillips Petroleum Company	Phillips Bldg., Room B-2, Odessa, Texas 79760	
If well produces oil or liquids, give location of tanks.	Unit: M Sec. 31 Twp. 20-S Rge. 37-E	Is gas actually connected? YES	When 10-11-54

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

V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Pool	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			

VI. 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	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		Ebbs. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure	Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure		

VI. 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.

A. L. Clemmer
(Signature)

Unit Head
(Title)

1-1-73

OIL CONSERVATION COMMISSION	
APPROVED	19
BY	John K. Kavan
TITLE	Geologist

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.