

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Exxon Corp. Well API No. 300 250 6808

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

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☒

If change of operator give name
and address of previous operator

Cancel Drinker allow

II. DESCRIPTION OF WELL AND LEASE

Lease Name F. F. Hardison "B"	Well No. 5	Pool Name, including Formation Tubb	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line Section 27 Township 21S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Texas - New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 42130, Houston TX 77242-2130					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Sid Richardson Carbon & Gasoline Co.	Address (Give address to which approved copy of this form is to be sent) 201 Main St., Ft. Worth TX 76102					
If well produces oil or liquids, give location of tanks.	Unit p	Sec. 27	Twp. 21S	Range 37E	Is gas actually connected? Yes	When? 11-1-91

If this production is commingled with that from any other lease or pool, give commingling order number: FC 268

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v
Date Spudded 12-9-91	Date Compl. Ready to Prod. 12-20-91		Total Depth 6580		P.B.T.D. 6235			
Elevations (DF, RKB, RT, GR, etc.) 3395 DF	Name of Producing Formation Tubb		Top Oil/Gas Pay 5971		Tubing Depth 5940			
Perforations 5971-6200'					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/8	10-3/4	355	325
9-7/8	7-5/8	2796	1225
6-3/4	5-1/2	6579	505

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 12-21-91	Date of Test 12-21-91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 32/20	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 57/2.75	Water - Bbls. 5/1.00	Gas - MCF 57/44.25

GAS WELL

Actual Prod. Test - MCF/D 59	Length of Test 32	Bbls. Condensate/MMCF 5	Gravity of Condensate
Testing Method (pilot, 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 Sharon B. Timlin
Sharon B. Timlin, Sr. Staff Office Assistant
Printed Name Title
1/27/92 915/688-7509
Date Telephone No.

OIL CONSERVATION DIVISION
JAN 31 '92

Date Approved
By
Title

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.

REC'D

MAY 30 1992

U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION