		-							
	D STREETICN								
	SANTA FE		FOR ALLOWABLE	Supersedes (III C+104 and C+11					
	FILE		AND	Effective 1+1-65					
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	LAND OFFICE	-							
	IRANSPOPTER OIL	_							
	GAS	- ·							
	OPERATOR	-							
1.	PRORATION OFFICE	1							
	Exxon Corporation Address								
	Box 1600, Midla	nd Toxog 70701							
	Reason(s) for filing (Check proper box,		Other (Please explain)						
	New Well	Change in Transporter cf:	Workover - New	Donfonationa					
	Recompletion	Oil Dry Ge		reitorations					
	Change in Ownership	Casinghead Gas 👿 Conde	nsate						
		······································							
	If change of ownership give name and address of previous owner								
Н.	ESCRIPTION OF WELL AND LEASE								
	Lease Name	Well No. Pool No	ime, Including Formation	Kind of Lease					
	F. F. Hardison "B"	6 D	rinkard	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
Location Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East: Line of Section 27 . Township 21-S Bange 37-E . NMEM Lea									
				The East:					
Line of Section 27 , Township 21-S Range 37-E , NMFM, Lea				ea County					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
111.	Name of Authorized Transporter of Cil		Address (Give address to which appr	oved copy of this form is to be sent;					
				,					
			Box 1510, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent)						
	El Paso Natural Gas		Box 1384, Jal, N.M. 88	240					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		hen					
	give location of tanks.	В 34 17-5 37-Е	No	4-1-76					
	If this production is commingled wit	4							
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:								
		Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.					
	Designate Type of Completio		X						
	Dute Spudled	Date Campl. Ready to Prod.	Total Depth	P.B.T.D.					
	1-20-76	1-28-76	6580	6575					
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	Drinkard	Drinkard	6286	6194					
	Perforations			Depth Casing Shoe					
	6286-6375 (26 shots) (No	ew) 6440-6573 (01d)		6580					
			D CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	321	2.50					
	9-7/8	7-5/8	2793	1200					
	6-3/4	5-1/2	6579	525					
	-	2-3/8	6194	-					
V.	TEST DATA AND REQUEST EC	DR ALLOWARIE (Test must be a	fter recovery of total volume of load of	I and must be equal to at exceed top allow					
••			(ter recovery of total volume of load oil and must be equal to or exceed top allow- pth or be for full 24 hours)						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pamp, gas	lift, etc.)					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF					
		l							
			\mathcal{F}						
	GAS WELL								
	Actual Prod. Test-MCF/D 358	Length of Test 24 Hrs.	Bbls. Condensate/MMCF	Gravity of Condensate					
	Testing Method (pitot, back pr.)								
	resting Method (pirot, buck pr.)	Tubing Pressure 150	Casing Pressure PKR	Choke Size					
		J							
	CERTIFICATE OF COMPLIANC		OIL CONSERV	ATION COMMISSION					
In	is is a gas well in the 1		ABBROVED APP 10 - TYP / 19						
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.			BY						
								TITLE	
						$1 \checkmark 1_{n}$. /	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.	
		nmer							
	(Signa								
Unit Head (Title)			All sections of this form must be filled out completely for allow- able on new and recompleted wells.						
						1-28-		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-	
(Date)			Separate Forms C-104 must be filed for each pool in multiply						