

|                                                                                                                                                                                                              |  |                                                |  |                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|--------------------------------------------------------------------------|--|
| NO. OF COPIES RECEIVED                                                                                                                                                                                       |  | NEW MEXICO OIL CONSERVATION COMMISSION         |  | Form C-104                                                               |  |
| DISTRIBUTION                                                                                                                                                                                                 |  | REQUEST FOR ALLOWABLE                          |  | Supersedes Old C-104 and C-11                                            |  |
| SANTA FE                                                                                                                                                                                                     |  | AND                                            |  | Effective 1-1-65                                                         |  |
| FILE                                                                                                                                                                                                         |  | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS |  |                                                                          |  |
| U.S.G.S.                                                                                                                                                                                                     |  |                                                |  |                                                                          |  |
| LAND OFFICE                                                                                                                                                                                                  |  |                                                |  |                                                                          |  |
| TRANSPORTER                                                                                                                                                                                                  |  | OIL                                            |  |                                                                          |  |
|                                                                                                                                                                                                              |  | GAS                                            |  |                                                                          |  |
| OPERATOR                                                                                                                                                                                                     |  |                                                |  |                                                                          |  |
| PRODUCTION OFFICE                                                                                                                                                                                            |  |                                                |  |                                                                          |  |
| Operator                                                                                                                                                                                                     |  |                                                |  |                                                                          |  |
| Exxon Corporation                                                                                                                                                                                            |  |                                                |  |                                                                          |  |
| Address                                                                                                                                                                                                      |  |                                                |  |                                                                          |  |
| Box 1600, Midland, TX 79702                                                                                                                                                                                  |  |                                                |  |                                                                          |  |
| Reason(s) for filing (Check proper box)                                                                                                                                                                      |  |                                                |  | Other (Please explain)                                                   |  |
| New Well                                                                                                                                                                                                     |  | Change in Transporter of:                      |  | Well changed from SI oil well to a                                       |  |
| <input type="checkbox"/>                                                                                                                                                                                     |  | Oil <input type="checkbox"/>                   |  | gas well                                                                 |  |
| Recompletion                                                                                                                                                                                                 |  | Casinghead Gas <input type="checkbox"/>        |  |                                                                          |  |
| <input type="checkbox"/>                                                                                                                                                                                     |  | Dry Gas <input checked="" type="checkbox"/>    |  |                                                                          |  |
| Change in Ownership                                                                                                                                                                                          |  | Condensate <input type="checkbox"/>            |  |                                                                          |  |
| <input type="checkbox"/>                                                                                                                                                                                     |  |                                                |  |                                                                          |  |
| If change of ownership give name and address of previous owner                                                                                                                                               |  |                                                |  |                                                                          |  |
| DESCRIPTION OF WELL AND LEASE                                                                                                                                                                                |  |                                                |  |                                                                          |  |
| Lease Name                                                                                                                                                                                                   |  | Well No.                                       |  | Kind of Lease                                                            |  |
| F. F. Hardison "B"                                                                                                                                                                                           |  | 1                                              |  | State, Federal or Fee                                                    |  |
|                                                                                                                                                                                                              |  | Blinebry                                       |  | Fee                                                                      |  |
| Location                                                                                                                                                                                                     |  |                                                |  | Lease No.                                                                |  |
| Unit Letter                                                                                                                                                                                                  |  | 1980                                           |  | Feet From The                                                            |  |
| H                                                                                                                                                                                                            |  | North                                          |  | Line and                                                                 |  |
|                                                                                                                                                                                                              |  | 440                                            |  | Feet From The                                                            |  |
|                                                                                                                                                                                                              |  | East                                           |  |                                                                          |  |
| Line of Section                                                                                                                                                                                              |  | Township                                       |  | Range                                                                    |  |
| 34                                                                                                                                                                                                           |  | 21-S                                           |  | 34-E                                                                     |  |
|                                                                                                                                                                                                              |  |                                                |  | NMPM, Lea                                                                |  |
|                                                                                                                                                                                                              |  |                                                |  | County                                                                   |  |
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS                                                                                                                                                            |  |                                                |  |                                                                          |  |
| Name of Authorized Transporter of Oil                                                                                                                                                                        |  | or Condensate                                  |  | Address (Give address to which approved copy of this form is to be sent) |  |
| Texas New Mexico Pipeline Co.                                                                                                                                                                                |  | <input checked="" type="checkbox"/>            |  | Box 1510, Midland, TX 79702                                              |  |
| Name of Authorized Transporter of Casinghead Gas                                                                                                                                                             |  | or Dry Gas                                     |  | Address (Give address to which approved copy of this form is to be sent) |  |
| El Paso Natural Gas Co.                                                                                                                                                                                      |  | <input checked="" type="checkbox"/>            |  | Box 1384, Jal, N.M.                                                      |  |
| If well produces oil or liquids, give location of tanks.                                                                                                                                                     |  | Unit                                           |  | Is gas actually connected?                                               |  |
|                                                                                                                                                                                                              |  | P                                              |  | Yes                                                                      |  |
|                                                                                                                                                                                                              |  | 27                                             |  | When                                                                     |  |
|                                                                                                                                                                                                              |  | 21-S                                           |  | 12-21-76                                                                 |  |
|                                                                                                                                                                                                              |  | 34-E                                           |  |                                                                          |  |
| If this production is commingled with that from any other lease or pool, give commingling order number:                                                                                                      |  |                                                |  |                                                                          |  |
| COMPLETION DATA                                                                                                                                                                                              |  |                                                |  |                                                                          |  |
| Designate Type of Completion - (X)                                                                                                                                                                           |  | Oil Well                                       |  | Gas Well                                                                 |  |
| New Well                                                                                                                                                                                                     |  | Workover                                       |  | Deepen                                                                   |  |
| <input checked="" type="checkbox"/>                                                                                                                                                                          |  | <input type="checkbox"/>                       |  | <input type="checkbox"/>                                                 |  |
| Date Spudded                                                                                                                                                                                                 |  | Date Compl. Ready to Prod.                     |  | Total Depth                                                              |  |
| 10-21-76                                                                                                                                                                                                     |  | 12-21-76                                       |  | 6572                                                                     |  |
| Elevations (DF, RKB, RT, GR, etc.)                                                                                                                                                                           |  | Name of Producing Formation                    |  | Top Oil/Gas Pay                                                          |  |
| DF 3395                                                                                                                                                                                                      |  | Blinebry                                       |  | 5420                                                                     |  |
| Perforations                                                                                                                                                                                                 |  | 5420-5566                                      |  | NEW PERF                                                                 |  |
|                                                                                                                                                                                                              |  |                                                |  |                                                                          |  |
| TUBING, CASING, AND CEMENTING RECORD                                                                                                                                                                         |  |                                                |  |                                                                          |  |
| HOLE SIZE                                                                                                                                                                                                    |  | CASING & TUBING SIZE                           |  | DEPTH SET                                                                |  |
|                                                                                                                                                                                                              |  | No Change                                      |  |                                                                          |  |
|                                                                                                                                                                                                              |  | Well producing through 5 1/2" casing.          |  |                                                                          |  |
|                                                                                                                                                                                                              |  |                                                |  |                                                                          |  |
|                                                                                                                                                                                                              |  |                                                |  |                                                                          |  |
| 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                                                          |  |
|                                                                                                                                                                                                              |  |                                                |  |                                                                          |  |
| Actual Prod. During Test                                                                                                                                                                                     |  | Oil - Bbls.                                    |  | Water - Bbls.                                                            |  |
|                                                                                                                                                                                                              |  |                                                |  |                                                                          |  |
|                                                                                                                                                                                                              |  |                                                |  | Choke Size                                                               |  |
|                                                                                                                                                                                                              |  |                                                |  |                                                                          |  |
|                                                                                                                                                                                                              |  |                                                |  | Gas - MCF                                                                |  |
|                                                                                                                                                                                                              |  |                                                |  |                                                                          |  |
| GAS WELL                                                                                                                                                                                                     |  |                                                |  |                                                                          |  |
| Actual Prod. Test - MCF/D                                                                                                                                                                                    |  | Length of Test                                 |  | Bbls. Condensate/MSCF                                                    |  |
| 600                                                                                                                                                                                                          |  | 24 hours                                       |  | 9                                                                        |  |
| Testing Method (Flow, back pr.)                                                                                                                                                                              |  | Tubing Pressure (shut-in)                      |  | Casing Pressure (shut-in)                                                |  |
| Flow test                                                                                                                                                                                                    |  |                                                |  | 320                                                                      |  |
|                                                                                                                                                                                                              |  |                                                |  | Gravity of Condensate                                                    |  |
|                                                                                                                                                                                                              |  |                                                |  | 62.5                                                                     |  |
|                                                                                                                                                                                                              |  |                                                |  | Choke Size                                                               |  |
|                                                                                                                                                                                                              |  |                                                |  | 3/4                                                                      |  |
| I. 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. |  |                                                |  |                                                                          |  |
| APPROVED                                                                                                                                                                                                     |  |                                                |  |                                                                          |  |
| BY                                                                                                                                                                                                           |  |                                                |  |                                                                          |  |
| 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 drilled 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 I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.                                                                              |  |                                                |  |                                                                          |  |

RECEIVED

JAN 14 1977

OIL CONSERVATION COMM.  
HOBBS, N. M.