

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator Exxon Corporation	
Address Box 1600, Midland, TX 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Workover - New Perforations	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE			
Lease Name F. F. Hardison "B"	Well No. 3 Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location			
Unit Letter G ; 1980 Feet From The East Line and 2015 Feet From The North			
Line of Section 34 Township 21-S Range 37-E , NMPM, Lea County			

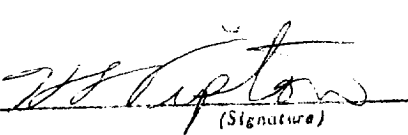
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Texas New Mexico Pipeline Co.	Box 1510, Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas	Box 1384, Jal, N.M. 88252				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 34	Twp. 21-S Rge. 37-E	Is gas actually connected? No	When 4-1-76

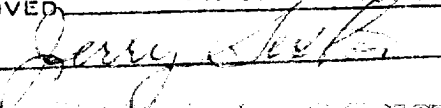
If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 12-31-75	Date Compl. Ready to Prod. 1-16-76	Total Depth 6607	P.B.T.D. 6435
Elevations (OF, RKB, RT, CR, etc.) 3429 DF	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6303	Tubing Depth 6226
Perforations 6303-6394 (25 shots) (New)		Depth Casing Shoe 6607	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4	10-3/4	368	350
8-5/8	7-5/8	2822	1650
6-3/4	5-1/2	6607	400
	2-3/8	6226	

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			
Actual Prod. Test-MCF/D 144	Length of Test 24 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 170#	Casing Pressure (Shut-in) Pkr	Choke Size 16/64

VII. CERTIFICATE OF COMPLIANCE	
THIS IS A GAS WELL IN THE DRINKARD OIL Pool.	
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.	
	
Unit Head (Title)	
3-5-76 (Date)	

OIL CONSERVATION COMMISSION	
APR 16 1976	
APPROVED	BY 
TITLE Unit Head	
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 allowables 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.	