Submit 5 Copies
Appropriate District Office
DISTRICT |
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

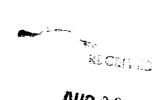
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		O IHAN	SPORT OF	L AND NA	TURAL G					
Exxon Corporation				API No.						
Address						<u> </u>	025-0701	1		
P. O. Box 1600, Mid		79702								
Reason(s) for Filing (Check proper box,	•		_	Z Ou	et (Please exp	lain)	a			
Recompletion	Oii		ansporter of:	AU.	whole	Air	menger	6.	د لا	
Change in Operator	Casinghead (_	ondensate	ju	meory !	per you	2 4 NOV	i 117	,	
If change of operator give name and address of previous operator							mengle I Di	2-//	<u> </u>	
•										
II. DESCRIPTION OF WELL			al Mana Paulud	P 5						
Went to Poor James, Inch				_			of Lease No.			
Location	<u></u>	4 1	Blinebry	Ull & Ga	S			<u> </u>		
Unit LetterB	:660	Fe	et From The N	orth Lin	1980)· F	eet From The _	East	*:	
Section 34 Towns	hin 21	C		277					Line	
Section 34 Towns	hip 21	.s R	inge	37E , N	MPM,	Lea	·		County	
III. DESIGNATION OF TRA	NSPORTER	OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil		Condensat			e address to w	hich approved	copy of this for	m is to be se	eni)	
ORY GAS WELL!									•	
Name of Authorized Transporter of Case Texas Exploration &	Dry Gas XX	D 0 D 4700								
If well produces oil or liquids,					BOX 4/0	O, Hous				
give location of tanks.	Р	27	21S 37E	Y	es		ne 1991			
If this production is commingled with the IV. COMPLETION DATA	t from any other i	lease or poo	l, give comming	ling order sum	per: <u>PC</u>	0309		AHC	716	
IV. COM DETION DATA		Oil Well	Gas Well	New Well	Washanna					
Designate Type of Completion	n - (X)	DE WOE	i Cara well	I MEM WELL	Workover	Deepen	Plug Back S	iame Res'v	Diff Res'v	
Date Spudded	Date Compl. 1	Date Compl. Ready to Prod.			<u> </u>	1	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Nome of Book	N- CD-A			Top Oil/Gas Pay					
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				1.4 0.5 0.1.1.1			Tubing Depth			
Perforations		·		I	·		Depth Casing	Shoe		
	· · · · · · · · · · · · · · · · · · ·					_				
1101 5 0125	_	TUBING, CASING AND								
HOLE SIZE	CASIN	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
				 						
/ TEST DATA AND DEOLIS	CT FOR ALI	OTHAR								
V. TEST DATA AND REQUE OIL WELL (Test must be after				he agual to on	erood ton alla	wakia fan ski	andamek an barka			
Date First New Oil Run To Tank	Date of Test		AND ON BAIL MID!		thod (Flow, pu			јии 24 пош	3.)	
Length of Test	Tubing Pressur	re		Casing Pressu	пе		Choke Size			
Actual Prod. During Test Oil - Bbls.				Water - Bbla			Gas- MCF			
	On - Bota.			VI ZOI - DOIZ			Car Inici			
GAS WELL				1						
Actual Prod. Test - MCF/D	Length of Test		• • • • • • • • • • • • • • • • • • • •	Bbls. Conden	ate/MMCF		Gravity of Con	densate		
							: 			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFIC	TATE OF C	O) (D) I	ANCTO	lr			<u> </u>			
I hereby certify that the rules and regu				∥ c	IL CON	SERV	ATION D	IVISIO	N	
Division have been complied with and that the information given above is true sing-complete to the best of my knowledge and belief.									• •	
15 true and complete to the best of my	knowledge and b	elief.		Date	Approved	d	AUG 14	1 133		
1 de Actordo					• •					
Signature					ONIG!ha	5 (546) (46) 4 (24)	ey alles Si etzevisor			
Don J. Bates Printed Name	Admi	nistra Te	<u>tive Sp</u> ec	11	\$ 3 °	g tigas services.				
8-8-91			88-7119	Title_		· · · · · · · · · · · · · · · · · · ·				
Date		Telephor								

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.



AUG 0 9 1991

HOBE OFFICE