

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

Operator	EXXON CORPORATION	007673	Well API No.	3002504826
Address ATTN: REGULATORY AFFAIRS P.O. BOX 1600 MIDLAND, TX 79702				
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Other (Please explain) Reclassify Oil to Gas ADD PERFS AND FRAC Change Lease Name from New Mexico B State #10				

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	EUMONT GAS COM 2	Well No.	004175	3	Pool Name, Including Formation	76480 EUMONT YATES 7 RVRS QN (PRO GAS)	Kind of Lease State, Federal or Fee	STATE	Lease No.	B 935
Location Unit Letter N : 660 Feet From The SOUTH Line and 1980 Feet From The WEST Line Section 29 Township 21S Range 36E, NMPM, LEA County										

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	NONE	or Condensate		Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casinghead Gas	SID RICHARDSON CARBON & GASOLINE CO	or Dry Gas	X	Address (Give address to which approved copy of this form is to be sent) 201 MAIN ST. FT. WORTH, TEXAS 76102							
If well produces oil or liquids, give location of tanks.		Unit		Sec.		Twp.		Rge.		Is gas actually connected? YES	When? 4/18/94

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	01/13/94	Date Compl. Ready to Prod.	04/18/94	Total Depth	3990	P.B.T.D.	3551		
Elevations (DF, RKB, RT, GR, etc.)	3620 GR	Name of Producing Formation	YATES, 7 RIVERS QUEEN	Top Oil/Gas Pay		Tubing Depth	3872		
Perforations	3628-3640 3192-3492						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
	8 5/8		311		200 SX				
	5 1/2		3990		1800 SX				

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	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
510	24	0	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
FLOWING			

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  
Printed Name  
Sharon B. Timlin  
Date  
04/25/94  
Sr. Staff Office Assistant  
Title  
(915) 688-6166  
Telephone No.

OIL CONSERVATION DIVISION

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Date Approved  
By  
Title  
APR 28 1994

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepend 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.

**RECEIVED**

**APR 27 1994**

**COMMUNITY  
OFFICE**