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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Exxon Corp.		Well API No. 30-025-06471
Address P. O. Box 1600, Midland, Texas 79702		CASINGHEAD GAS MUST NOT BE PRODUCED AFTER <u>1-1-92</u> UNLESS AN EXCEPTION TO R-407C IS OBTAINED.
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: Recompletion ☒ Oil ☒ Dry Gas ☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico V State	Well No. 9	Pool Name, including Formation wants Abo	Kind of Lease State, Federal or Foreign State	Lease No. Unknown
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>10</u> Township <u>21S</u> Range <u>37E</u> , <u>NMPM</u> , <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) 1609 Main, Eunice, NM					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 10	Twp. 21S	Range 37E	Is gas actually connected? ☐	When?

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 2-2-52	Date Compl. Ready to Prod. 8-31-91		Total Depth OTD 8240		P.B.T.D. 7630			
Elevations (DF, RKB, RT, GR, etc.) 3466 DF	Name of Producing Formation Abo		Top Oil/Gas Pay 6897		Tubing Depth 7230			
Perforations 6897 to 7265 Abo					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15	10-3/4		329		375 sx			
9-7/8	7-5/8		3079		1100 sx			
6-3/4	5-1/2		824		450 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 8-31-91	Date of Test 10-18-91	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 72	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 20	Water - Bbls. 1	Gas- MCF 90

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Sharon B. Timlin

Signature
Sharon B. Timlin Sr. Staff Office Asst.

Printed Name
11-11-91 Title
(915) 688-7509

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By *DAVID L. BROWN BY JERRY SEXTON*

DISTRICT I SUPERVISOR

Title

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.

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