

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

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

Operator Exxon Corporation	
Address Box 1600, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	
New Well ☒	Change in Transporter of ☐
Recompletion ☐	Oil ☐ Dry Gas ☒
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name N. M. "G" State	Well No. 20	Pool Name, including Formation Fumont Gas	Kind of Lease State, PERMITS	Lease No. B-935
Location Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>23</u> Township <u>21S</u> Range <u>36-E</u> N.M.P.M. Lea County				

III. 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)					
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 Nat. Gas	Box 1384, Jal, N.M. 88252					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	Unknown

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't.	Drif. Res't.
		☒	☒					
Date Spudded 6-11-79	Date Compl. Ready to Prod. 7-4-79		Total Depth 3880		P.B.T.D. 3875			
Elevations (DF, RKB, RT, GR, etc.) 3574	Name of Producing Formation YATES, SEVEN RIVERS, Queen		Top Oil/Gas Pay 3053		XXXXXXX Prod. thru csg.			
Perforations 3053-3666 - 16 shots					Depth Casing Shoe 3880			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8 24#	1471	620 sacks
7 7/8	5 1/2 14#	3880	775 sacks

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 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
514	24	4	32.7
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Flow	-----	500	29/64

VI. 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.

C. J. Johnson
(Signature)

Unit Head
(Title)

7-12-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 4 1979, 19

BY [Signature]
TITLE SUPERVISOR DISTRICT I

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 allowable 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.

RECEIVED

JUL 19 1973

O.C.D. HOBBS, OFFICE

RECEIVED

JUL 31 1973

O.C.D. HOBBS, OFFICE