10	<u> </u>			
NO. OF COPIES RECEIVED				
DISTRIBUTIO	ON			
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OFFICE				
Operator				
Exxon Corporation				
Address				
Box 1600,	Midland, To			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C -104

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65	
	U.S.G.S.		AND		
	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	5	
	OIL				
	TRANSPORTER GAS				
	OPERATOR				
1.	PRORATION OFFICE				
	Operator				
	Exxon Corporation				
	Address				
	Box 1600, Midland, T		Oak (011)		
	Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)		
	Recompletion X	Oil Dry Ga	s []		
	Change in Ownership	Casinghead Gas Conden	 		
			· · · · · · · · · · · · · · · · · · ·		
	If change of ownership give name and address of previous owner				
	and address of previous owner	THIS WELL WISE			
II.	DESCRIPTION OF WELL AND	LEASE PESIGNATES	AN PLACED IN THE POOP		
	Lease Name		20 00 M (South)	Kind of Lease	
	New Mexico "S" State	104 Undes	ignated Eunice San Andres	State, Federal or Fee State	
	Location				
	Unit Letter "O" ; 1,	980 Feet From The East Lin	e and 660 Feet From The	South	
	_				
	Line of Section 2 , Tow	vnship 22-S Range	37-En , NMPM, L	ea County	
***	DESIGNATION OF TRANSPORT	PER OF OU AND NATURAL GA	2.		
ш.	Name of Authorized Transporter of Oil		Address (Give address to which approved	d copy of this form is to be sent)	
	The Permian Corporat	ion	Box 3319, Midland, Texas	c 79701	
	Name of Authorized Transporter of Cas		Address (Give address to which approved		
	Skelly Oil Company		Box 1135, Eunice, New M	exico	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When		
	give location of tanks.	F 2 22-S 37-E	Yes	9-13-73	
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number: EFFE	CTIVE JANUARY 31, 1977,	
IV.	COMPLETION DATA		SKEL	LY OIL COMPANY MARGED	
	Designate Type of Completion	Oil Well Gas Well	New Well Workover DeeperINTO	CETTY OIT CONTRANY. es'v.	
				X	
	Date Spudded 1-24-46	Date Compl. Ready to Prod.	-	P.B.T,D.	
	Date P.B. 7-10-73	8-10-73 Name of Producing Formation	5,195 Top Oil/Gas Pay	4,925 Tubing Depth	
	Pool Undesignated	-			
	Eunice San Andres	San Andres 912-3,925, 3,940-3,955,	3,890	4,200 Depth Casing Shoe	
	1		3,970-3,993	5.195	
	4,042-4,055, 4,075-4,090, 4,125-4,220 5,195 TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	13-3/8	10-3/4	359	350	
	9-7/8	7-5/8	2,824	1,400	
	6-3/4	5-1/2	5,195	500	
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil an	d must be equal to cr exceed top allow	
	OIL WELL	·	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift,	ata l	
	Date First New Oil Run To Tanks	Date of Test		·	
	7-17-73 Length of Test	9-26-73 Tubing Pressure	Pump - 8 - 144" S	PM Choke Size	
		1 abing 1 leadens			
	24 hr Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	515	67	448	TSTM	
	313				
	GAS WELL				
ì	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
VI.	. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVAT	TON COMMISSION	
			APPROVED	19	
	I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given		1817	
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Josley /	Lements -	
			H		
			TITLE		
	JAR. Kl.		This form is to be filed in co		
	MABean &	241223	If this is a request for allowal	ble for a newly drilled or deepened ed by a tabulation of the deviation	
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Unit H	(ead tle)		be filled out completely for allow-	
	9-27-7		able on new and recompleted well	s. and VI only for changes of owner,	
	J-41-1	-	rill out sections 1, 11, 111, a	and ve only too changes of owner,	

(Date)

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply