

OIL FIELD NO. \_\_\_\_\_  
 COUNTY \_\_\_\_\_  
 DISTRICT \_\_\_\_\_  
 LAND OFFICE \_\_\_\_\_  
 TRANSPORTER \_\_\_\_\_  
 OPERATOR \_\_\_\_\_  
 PERMITTING OFFICE \_\_\_\_\_

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-114  
 Supersedes Old O-101 and O-102  
 Effective 1-1-68

I. **OWNER**  
 Exxon Corporation  
 Address  
 P. O. Box 1600, Midland, Texas 79701  
 Reason(s) for filing (Check proper box)  
 New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
 Recompletion ☒ Casinghead Gas ☐ Condensate ☐  
 Change in Ownership ☐  
 Other (Please explain)  
 Request 2500 bbl testing allowable while attempting to complete.

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name: New Mexico "S" State Well No.: 104 Undesignated-Eunice San Andres - South Kind of Lease: State, Federal or Fee State  
 Location  
 Unit Letter "O", 1980 Feet From The East Line and 660 Feet From The South  
 Line of Section 2, Township 22-S, Range 37-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
 The Permian Corporation Address (Give address to which approved copy of this form is to be sent)  
 Box 3319, Midland, Texas 79701, Attn: Mary Griffith  
 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. (Test Tank) Unit: 0 Sec: 2 Twp: 22-S Rge: 37-E 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)  
 Date Spud: \_\_\_\_\_ Date Compl. Ready to Prod.: \_\_\_\_\_ Total Depth: \_\_\_\_\_ P.B.T.D.: \_\_\_\_\_  
 Pool: \_\_\_\_\_ Name of Producing Formation: \_\_\_\_\_ Top Oil/Gas Pay: \_\_\_\_\_ Tubing Depth: \_\_\_\_\_  
 Perforations: \_\_\_\_\_ Depth Casing Shoe: \_\_\_\_\_  
 TUBING, CASING, AND CEMENTING RECORD  
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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: \_\_\_\_\_  
 Testing Method (pitot, back pr.): \_\_\_\_\_ Tubing Pressure: \_\_\_\_\_ Casing Pressure: \_\_\_\_\_ Choke Size: \_\_\_\_\_

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.

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transportation; other such change of conditions.

Separate form O-104 must be filed for each change of conditions.