

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

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-110
Effective 1-1-65

I. Operator: Exxon Corp.
Address:
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: NEW MEXICO "S" STATE Well No.: 16 Pool Name, including Formation: DRINKARD Kind of Lease: State, Federal or Fee. STATE
Location:
Unit Letter: D; 660 Feet From The NORTH Line and 660 Feet From The WEST
Line of Section: 2, Township: 22-S Range: 37-E, NMPM, LEM County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐
TEXAS NEW MEXICO PIPELINE Address (Give address to which approved copy of this form is to be sent):
BOX 1510 MIDLAND, TX. 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
EL PASO NATURAL GAS CO. Address (Give address to which approved copy of this form is to be sent):
BOX 1384, JAL, NEW MEXICO 88252
If well produces oil or liquids, give location of tanks. Unit: F Sec.: 2 Twp.: 22-S Rge.: 37-E Is gas actually connected?: NO When: EST. 3-1-76

If this production is commingled with that from any other lease or pool, give commingling order number: PC 137

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Seme Res'v.	Diff. Res'v.
				X				
Date Spudded <u>11-6-75</u>	Date Compl. Ready to Prod. <u>12-8-75</u>	Total Depth <u>6534</u>	P.B.T.D. <u>6385</u>					
Pool <u>DRINKARD</u>	Name of Producing Formation <u>DRINKARD</u>	Top Oil/Gas Pay <u>6258</u>	Tubing Depth <u>6199</u>					
Perforations <u>6258-6365 (22 SHOTS) NEW</u>			Depth Casing Shoe <u>6534</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>9 7/8</u>	<u>324</u>	<u>225 5X CL "2"</u>
<u>8 3/4</u>	<u>7 5/8</u>	<u>2563</u>	<u>785 5X CL "2"</u>
<u>6 3/4</u>	<u>5 1/2</u>	<u>6448</u>	<u>650 5X CL "2"</u>

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 <u>461</u>	Length of Test <u>24 HRS</u>	Bbls. Condensate/MMCF <u>NONE</u>	Gravity of Condensate <u>-</u>
Testing Method (pitot, back pr.) <u>-</u>	Tubing Pressure <u>220</u>	Casing Pressure <u>-</u>	Choke Size <u>24/64</u>

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.

A L Clemmer
(Signature)

UNIT HEAD
(Title)

2-2-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED [Signature], 19

BY [Signature]
TITLE SUPPLEMENTAL MIDLAND

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 transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.