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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-111
Effective 1-1-65

I. OPERATOR

Exxon Corporation

Address
Box 1600, Midland, TX 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)
Workover - Additional Perforations

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. 20	Pool Name, including Formation Drinkard	Kind of Lease State, XXXXXXXX
Location Unit Letter <u>E</u> ; <u>2100</u> Feet From The <u>North</u> Line and <u>500</u> Feet From The <u>West</u> Line of Section <u>2</u> , Township <u>22-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal, N.M. 88252
If well produces oil or liquids, give location of tanks. Unit <u>F</u> Sec. <u>2</u> Twp. <u>22-S</u> Rge. <u>37-E</u>	Is gas actually connected? <u>No</u> When <u>Est. 3-1-76</u>

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	Same Res'v.	Diff. Res'v.
				<u>X</u>				
Date Spudded <u>12-1-75</u>	Date Compl. Ready to Prod. <u>12-21-75</u>	Total Depth <u>6501</u>	P.B.T.D. <u>6495</u>					
Pool <u>Drinkard</u>	Name of Producing Formation <u>Drinkard</u>	Top Oil/Gas Pay <u>6260</u>	Tubing Depth <u>6195</u>					
Perforations <u>6260-6437 (21 shots)</u>	<u>6342-6490 (old)</u>	Depth Casing Shoe <u>6501</u>						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>15"</u>	<u>10-3/4</u>	<u>32.75#</u>	<u>315</u>	<u>250</u>				
<u>9-7/8</u>	<u>7-5/8</u>	<u>26.4#</u>	<u>2590</u>	<u>1417</u>				
<u>6-3/4</u>	<u>5-1/2</u>	<u>14, 15.5#</u>	<u>6500</u>	<u>515</u>				
<u>-</u>	<u>2-3/8</u>	<u>4.70</u>	<u>6195</u>	<u>-</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>750 705</u>	Length of Test <u>24 hrs.</u>	Bbls. Condensate/MMCF <u>-</u>	Gravity of Condensate <u>-</u>
Testing Method (pitot, back pr.)	Tubing Pressure <u>800</u>	Casing Pressure <u>Pkr</u>	Choke Size <u>16/64</u>

VI. CERTIFICATE OF COMPLIANCE

This is a gas well in the Drinkard Oil Pool

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)

1-19-76

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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 change of well name or number, or transporter, or other such change in well completion.

Separate Forms C-104 must be filed for each well in multiple completion wells.