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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Exxon Corporation</b>		Well API No. <b>unknown</b>
Address <b>P.O. Box 1600, Midland, TX 79702</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name  
and address of previous operator

*Cancel Drunkard allow.*

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>JL Greenwood</b>	Well No. <b>15</b>	Pool Name, Including Formation <b>Paddock</b>	Kind of Lease State, Federal or <input checked="" type="checkbox"/> Fee	Lease No.
Location Unit Letter <b>1M</b> : <b>760</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>West</b> Line Section <b>9</b> Township <b>22S</b> Range <b>37E</b> , <b>NMPM</b> , Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1183, Houston, TX 77001</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1137, Eunice, NM 88231</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
		<b>9</b>	<b>22S</b>	<b>37E</b>	<b>Yes</b>	<b>Unknown</b>

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

**PC 602**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded <b>7-20-89</b>	Date Compl. Ready to Prod. <b>8-20-89</b>		Total Depth <b>6500</b>		P.B.T.D. <b>6150</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3413 DF</b>	Name of Producing Formation <b>Paddock</b>		Top Oil/Gas Pay <b>5042</b>		Tubing Depth <b>5279</b>			
Perforations <b>5042 - 5178</b>					Depth Casing Shoe <b>6499</b>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>15</b>	<b>10 3/4</b>		<b>329</b>		<b>300 SXS</b>			
<b>9 7/8</b>	<b>7 5/8</b>		<b>3178</b>		<b>1800 SXS</b>			
<b>6 3/4</b>	<b>5 1/2</b>		<b>6499</b>		<b>200 SXS</b>			

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 Tank <b>8-20-89</b>	Date of Test <b>8-23-89</b>	Producing Method (Flow, pump, gas lift, etc.) <b>rod pump</b>	
Length of Test <b>24</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <b>28</b>	Water - Bbls. <b>189</b>	Gas- MCF <b>22</b>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation  
Division have been complied with and that the information given above  
is true and complete to the best of my knowledge and belief.

Signature *S. Johnson*  
**Stephen Johnson** Administrative Specialist  
Printed Name  
**9-11-89** (015) 688-7548  
Date Telephone No.

OIL CONSERVATION DIVISION  
**SEP 18 1989**

Date Approved  
By **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**  
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.