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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

I.

Operator Exxon Corp.	Well API No. 30-025-10131
Address P. O. Box 1600, Midland, TX 79702 PC4/ML28	
Reason(s) for Filing (Check proper box) 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 Haul Simpson
Allen

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. L. Greenwood	Well No. 10	Pool Name, including Formation Tubb OIL & GAS	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter P : 677 Feet From The south Line and 753 Feet From The east Line Section 9 Township 22S Range 37E, NMPM, 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"/> Permian Scurlock Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 9898 Houston, TX 77001-77210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Prod. Supt. & Prod. Serv.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137, Eunice, NM					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 9	Twp. 22S	Rge. 37E	Is gas actually connected? yes	When? UNKNOWN

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	Same Res'v	Diff Res'v
Date Spudded 12-28-91	Date Compl. Ready to Prod. 2-2-92	Total Depth 7711	P.B.T.D. 6180					
Elevations (DF, RKB, RT, GR, etc.) 3428DG	Name of Producing Formation Tubb Gas	Top Oil/Gas Pay 5905	Tubing Depth 5899					
Performances 5905 to 6137 Tubb		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
15	10-3/4	392		300sx				
9-7/8	7-5/8	2732		1100sx				
6-3/4	5-1/2	7710		700sx				

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 1-25-92	Date of Test 2-4-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 72 / 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 44	Oil - Bbls. 11 / 3.67	Water - Bbls. 46	Gas- MCF 115

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
Sharon B. Timlin Sr. Staff Office Asst
Printed Name
3-3-92
Date
(915) 688-7509
Telephone No.

OIL CONSERVATION DIVISION

MAR 09 '92

Date Approved

By

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 in accordance 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.