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Appropriate District Office
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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

I.

Operator Exxon Corporation	Well API No. Unknown 50-025-10131
Address P.O. Box 1600, Midland, TX 79702	
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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name J.L. Greenwood	Well No. 10	Pool Name, Including Formation Hare Simpson	Kind of Lease B/LM/SL/Section/Block Fee	Lease No.
Location				
Unit Letter P	: 677	Feet From The South	Line and 753	Feet From The East
Section 9	Township 22S	Range 37E	NMPM,	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Permian <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77001				
Name of Authorized Transporter of Casinghead Gas Texaco Producing Inc. <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1137, Eunice, NM 88231				
If well produces oil or liquids, give location of tanks.	Unit 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 (being amended)

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen X	Plug Back	Same Res'v	Diff Res'v X
Date Spudded	Date Compl. Ready to Prod. 2-12-89	Total Depth 7711	P.B.T.D. 7620					
Elevations (DF, RKB, RT, GR, etc.) 3428 DF	Name of Producing Formation Simpson OK-PK	Top Oil/Gas Pay 7212	Tubing Depth 7555 (sn)					
Perforations 7212 - 7414 (new), 7580 - 7608 (existing)	Depth Casing Shoe 7710							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE SAME	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 Tank 2-13-89	Date of Test 2-27-89	Producing Method (Flow, pump, gas lift, etc.) Rod Pump	
Length of Test 24hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 28	Water - Bbls. 59	Gas - MCF 84

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
Stephen Johnson Administrative Specialist
Printed Name
3-14-89 (915) 688-7548 Title
Date
Telephone No.

OIL CONSERVATION DIVISION
MAR 20 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 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.