

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
DISTRIBUTION		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-114	
AREA NO.		AND		Effective 1-1-65	
FILE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
U.S.G.S.					
LAND OFFICE					
TRANSPORTER		OIL GAS			
OPERATOR					
PRODUCTION OFFICE					
Operator					
Exxon Corporation					
Address					
P.O. Box 1600, Midland, Texas 79702					
(Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well		Change in Transporter of		Western Oil Transportation Co.	
Recompletion		Oil		eff. March 1, 1977	
Change in Ownership		Casinghead Gas			
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Kind of Lease	
J.L. Greenwood		12		State, Federal or Fee Fee	
Location		Pool Name, including Formation		Lease No.	
		Brunson Ellenburger			
Unit Letter		Feet From The		Feet From The	
0		660 South Line and		1880 East	
Line of Section		Township		Range	
9		22-S		37-E	
				, NMFM, Lea County	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil		or Condensate		Address (Give address to which approved copy of this form is to be sent)	
Western Oil Transportation Co.				Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas		or Dry Gas		Address (Give address to which approved copy of this form is to be sent)	
Getty Oil Company				Box 1135, Eunice N.M.	
If well produces oil or liquids, give location of tanks.		Unit		Is gas actually connected?	
		K		Yes	
		9		No Chg.	
		22-S			
		37-E			
If this production is commingled with that from any other lease or pool, give commingling order number:					
COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well		Gas Well	
		New Well		Workover	
		Deepen		Plug Back	
		Sore Rest.		Diff. Rest.	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
				P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
				Tubing Depth	
Perforations				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
				SACKS CEMENT	
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		Length of Test		Bbls. Condensate/MCF	
				Gravity of Condensate	
Testing Method (flow, back pr.)		Tubing Pressure (shut-in)		Casing Pressure (shut-in)	
				Choke Size	
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.					
OIL CONSERVATION COMMISSION					
APPROVED 1977, 19					
BY					
TITLE					
This form is to be filed in compliance with RULE 1104.					
If this be 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 portions of this form must be filled out completely for allowable or not a well to be complete.					
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.					
D. L. CLEMMER					
UNIT HEAD					
FEB 25 1977					