	NO. OF CORIES RECEIVED	:		
	DISTRIBUTION SANTA FL	1 · · · · · · · · · · · · · · · · · · ·	ONSERVATION COMMIS IN FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-114
	FILE U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL	Effective 1-1-65
	IRANSPORTER GAS			
I.	OPERATOR PRORATION OFFICE	1		
	Exxon Corporation			
	Box 1600, Midland, TX 79701 Reason(s) for filing (Check proper bax) Other (Please explain)			
	New Well Change in Transporter of: Request testing allowable of 1000 bbls. Recompletion Oil Dry Gas (0il to be run from Tank #92551) Change in Ownership Casinghead Gas Condensate			
	If change of ownership give name and address of previous owner			
п.	DESCRIPTION OF WELL AND LEASE Lease Vision Well No. Pool Name, Including Formation Kind of Lease			
	Lease Hane N. G. Penrose		me, Including Formation	Kind of Lease
	Location Unit Letter G ;]	1980_Feet From The Lin	e and1980 Feet From	n TheN
	Line of Section 13 , Tor	wnship 22-S Range 3	7-Е , NMPM, Lea	County
ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cill X or Condensate Address (Give address to which approved copy of this form is to be sent)			
	Texas New Mexico Pipeline		Box 1510, Midland, TX 79701 Address (Give address to which approved copy of this form is to be sent)	
	Warren Petroleum Corporation		P. O. Box 1589, Tulsa, OK 74100	
	It will produces cil of Highds, give location of tanks.			
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: <u>COMPLETION DATA</u> Designate Type of Completion - (X)			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Pcol	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
		······································	D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
v	TEST DATA AND REQUEST F	TOR ALLOWABLE (Test must be a	after recovery of total volume of load o	il and must be equal to or exceed top allow-
•	OIL WELL able for this depth or be for full 24 hours) Date First New Oil Hun 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/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI	. CERTHFICATE OF COMPLIAN	I		ATION COMMISSION
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	, 19
	Commission have been complied	with and that the information given ne best of my knowledge and belief.	BY John W. Klingan TITLE Geologist	
	Masian Olla		This form is to be filed in compliance with RULE 1104.	
		naturej	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 allow- able on new and recompleted wells.	
	the same statement where a statement was a statement of the	Head [itle]		

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6/18/75

(Date)

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each poel in multiply completed wells.

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