

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form 1104
Supersedes Old C-104 and C-114
Effective 1-1-65

SANTAFE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator EXXON CORPORATION	
Address P.O. BOX 1600, MIDLAND, TEXAS 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name WHITAKER & PERKINS	Well No. 2	Pool Name, Including Formation WANTZ GRANITE WASH	Kind of Lease State, Federal or <u>FEE</u>
Location			
Unit Letter C ; 760 Feet From The NORTH Line and 1780 Feet From The WEST			
Line of Section 12 , Township 22-S Range 37-E , 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"/> THE PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1183, HOUSTON TEXAS 77001		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> SKELLY OIL CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1135 EUNICE NEW MEXICO 88231		
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 12	Twp. 22-S
	Rge. 37-E	Is gas actually connected? YES	When 1-29-76

If this production is commingled with that from any other lease or pool, give commingling order number: **EFFECTIVE JANUARY 31, 1977,**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) SKELLY OIL COMPANY MERGED INTO GETTY OIL COMPANY.	
Date Spudded 9-19-75	Date Compl. Ready to Prod. 11-19-75	Total Depth 7492	P.B.T.D.				
Pool WANTZ GR WASH	Name of Producing Formation WANTZ GR WASH	Top Oil/Gas Pay 7194	Tubing Depth 7020				
Perforations 7194-7349	Depth Casing Shoe ---						
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE 13 3/8	CASING & TUBING SIZE 10 3/4	DEPTH SET 1202	SACKS CEMENT 590 SX CLASS C				
8 3/4	7	7491	1530 SX CLASS C				

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 Tanks 2-4-76	Date of Test 2-4-76	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 6	Oil-Bbls. 5	Water-Bbls. 1	Gas-MCF 13

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. 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.

SX Clemmer
(Signature)
UNIT HEAD
(Title)
2-4-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **Jerry Sefton**
TITLE **DEPUTY COMMISSIONER**

This form is to be filed in compliance with RULE 1104.

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 allowable on new and recompleted wells.

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 pool in multiple completed wells.