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

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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
Exxon Corporation  
Address  
Box 1600, Midland, Texas 79701  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
GAS MUST NOT BE  
3/14/76  
EXEMPTION TO RULE  
12 OBTAINED

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "S" State	Well No. 27	Pool Name, Including Formation Wantz Abo	Kind of Lease State, Federal or Fee State
Location Unit Letter K ; 1830 Feet From The South Line and 1900 Feet From The West Line of Section 2 , 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"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, TX 79701		
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) Box 1135, Eunice, N.M. 88231		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 2 22-S 37-E	Is gas actually connected? No	When 4-1-76 Est.

If this production is commingled with that from any other lease or pool, give commingling order number: PC-137

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 11-20-75	Date Compl. Ready to Prod. 1-14-76	Total Depth 7388	P.B.T.D.
Pool Wantz Abo	Name of Producing Formation Wantz Abo	Top Oil/Gas Pay 6765	Tubing Depth 6241
Perforations 6765-6903	Depth Casing Shoe -		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4	10-3/4	1167	600 sx Class "C"
8-3/4	7	7252	1550 sx Class "C"
	2-3/8	6241	

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 1-14-76	Date of Test 1-14-76	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 130	Casing Pressure	Choke Size 32/64
Actual Prod. During Test 274	Oil-Bbls. 233	Water-Bbls. 41	Gas-MCF 382

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.

  
(Signature)

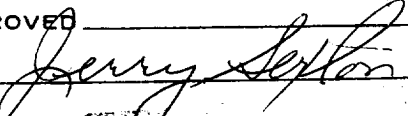

Unit Head

(Title)

1-28-76

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY   
TITLE 

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 in well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in the well.