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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

Operator Exxon Corp.		Well API No. 30-025-25276
Address P.O. Box 1600 Midland, Texas 79701		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input checked="" 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		

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JUN 24 1991
OIL CON. DIV. DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico S State	Well No. 29	Pool Name, Including Formation Wantz Abo	Kind of Lease State, Federal or Fee	Lease No. B-934
Location Unit Letter L : 1700 Feet From The S Line and 660 Feet From The W Line Section 2 Township 22S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 Hobbs New Mexico 88241					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Expl. & Prod	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1137 Eunice New Mexico 88231					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 2	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When ?

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well x	Gas Well	New Well	Workover x	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-10-90 re-entered	Date Compl. Ready to Prod. 1-3-91		Total Depth 7200		P.B.T.D. 7135			
Elevations (DF, RKB, RT, GR, etc.) 3386	Name of Producing Formation abo		Top Oil/Gas Pay 6758		Tubing Depth 7089			
Perforations 6758 to 7080 Abo					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 10 3/4	CASING & TUBING SIZE 40.5 & 41.85		DEPTH SET 1125		SACKS CEMENT 670 c			
7	23 & 26		7200		1700 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 Tank 1-4-91	Date of Test 2-18-91	Producing Method (Flow, pump, gas lift, etc.) rod pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 53	Oil - Bbls. 14	Water - Bbls. 98	Gas- MCF 30

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.

Sharon B. Timlin
Signature
Sharon B. Timlin Staff Office Asst.
Printed Name
6-17-91 915 688-7509
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

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.