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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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-11
Effective 1-1-65

Operator Exxon Corporation	
Address Box 1600, Midland, TX 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 _____

I. 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	State	Lease No. B-934
Location					
Unit Letter <u>L</u> ; <u>1700</u> Feet From The <u>South</u> Line and <u>600</u> Feet From The <u>West</u>					
Line of Section <u>2</u> Township <u>22-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County					

II. 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 type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	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 F	Sec. 2	Twp. 22-S	Rge. 37-E	Is gas actually connected? Yes	When 6-11-76

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

V. 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"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 5-22-76	Date Compl. Ready to Prod. 6-2-76	Total Depth 7200	P.B.T.D. -
Elevations (DF, RKB, RT, GR, etc.) RKB 3386	Name of Producing Formation Wantz Abo	Top Oil/Gas Pay 6785	Tubing Depth 6725
Perforations <u>4.5 - 6.97</u>		Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4	10-3/4	1125	670 sx 'C'
8-3/4	7	7200	1700 sx 'C'
	2-3/8	6725	

VI. 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 6-10-76	Date of Test 6-13-76	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 200	Casing Pressure -	Choke Size 22/64
Actual Prod. During Test 242	Oil - Bbls. 219	Water - Bbls. 23	Gas - MCF 683

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

VII. 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.	
<u>D. X. Clemmer</u> (Signature)	
Unit Head (Title)	
6-16-76 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED <u>JUN 24 1976</u> , 19	
BY <u>[Signature]</u>	
TITLE <u>UNIT HEAD</u>	
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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	