

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Exxon Corp.		Well API No. 30-025-25280
Address P. O. Box 1600, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
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 Cancel County Granite Wash Cancel Kirkland		

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico S State	Well No. 30	Pool Name, including Formation Wantz Abo	Kind of Lease State, Federal or Fee	Lease No. B-934
Location Unit Letter I : 2160 Feet From The South Line and 690 Feet From The East 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 checked="" 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) Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil - Texaco Expl & Prod. Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1135, 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? 10-7-76

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8-28-76	Date Compl. Ready to Prod. 6-14-91	Total Depth 7610	P.B.T.D. 7130					
Elevations (DF, RKB, RT, GR, etc.) 3370 KB	Name of Producing Formation Wantz Abo	Top Oil/Gas Pay 6538	Tubing Depth 6495					
Perforations 6-538 - 7100			Depth Casing Shoe					

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4	10-3/4	1144	670 sx
8-3/4	7	7180	1700 sx

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 6-17-91	Date of Test 6-27-91	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24	Tubing Pressure 600 PST	Casing Pressure	Choke Size 64/64
Actual Prod. During Test 308	Oil - Bbls. 17	Water - Bbls. 42	Gas- MCF 872

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 Assistant

Printed Name Title

7-22-91 (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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.