

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANITARY		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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-11
Effective 1-1-65

Operator Exxon Corporation	
Address Box 1600, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

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. 34	Pool Name, Including Formation Wantz Abo	Kind of Lease State, Federal or Fee State	Lease No. B-934
Location				
Unit Letter 0 : 330 Feet From The South Line and 1750 Feet From The East				
Line of Section 2 Township 22-S Range 37-E, NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Co.	Box 1510, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	Box 1384, Jal, N.M. 88252
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	F 2 22-S 37-E Yes 11-16-76

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9-27-76	Date Compl. Ready to Prod. 11-16-76	Total Depth 7847	P.B.T.D. 7465					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Wantz Abo	Top Oil/Gas Pay 6687	Tubing Depth 6605					
Perforations 6687-6782			Depth Casing Shoe 7847					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4	10-3/4	1138	670 sx cmt circ.
8-3/4	7	7847	1840 sx top cmt. 1020 T.
	2-3/8	6605	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 798	Length of Test 24	Bbls. Condensate/MMCF 12 bbls LO	Gravity of Condensate
Testing Method (pilot, back pr.) Flow	Tubing Pressure (Shut-in) 900	Casing Pressure (Shut-in) Pkr	Choke Size 32/64

VI. CERTIFICATE OF COMPLIANCE

This is a gas well in the Wantz Abo Oil Pool

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.

B. C. Sanders
(Signature)

Unit Head

(Title)

11-23-76

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY John W. Runyan

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 test results taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and re-completed 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.