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TRANSPORTER	OIL	
	GAS	
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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-111
Effective 1-1-65

Operator Exxon Corporation	
Address Box 1600, Midland, Texas 79702	
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lessee Name New Mexico "S" State	Well No. 35	Pool Name, including Formation Wantz GR Wash	Kind of Lease State, Federal or Fee	State	Lease No. B-934
Location Unit Letter <u>A</u> ; <u>760</u> Feet From The <u>North</u> Line and <u>500</u> Feet From The <u>East</u> Line of Section <u>2</u> Township <u>22-S</u> Range <u>37-E</u> , NMPLM, <u>Lea</u> 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 79702					
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. 88252					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 2	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When 12-22-76

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 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 11-11-76	Date Compl. Ready to Prod. 12-12-76		Total Depth 7610		P.B.T.D. 7563			
Elevations (DF, RKB, RT, GR, etc.) GR 3359	Name of Producing Formation Wantz GR Wash		Top Oil/Gas Pay 7284		Tubing Depth 7204			
Perforations 7284-7490					Depth Casing Shoe 7608			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4	10-3/4		1193		670			
8-3/4	7		7608		2040			

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 12-12-76	Date of Test 12-22-76	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 240	Casing Pressure Pkr	Choke Size 32/64
Actual Prod. During Test 180	Oil-Bbls. 180	Water-Bbls. 0	Gas-MCF 88

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. 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.

H L Clemmer
(Signature)
Unit Head
(Title)
1-12-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED Feb 1 1977, 19____
BY [Signature]
TITLE SUPERVISOR

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.

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JAN 2 1977

OIL COMPANY OF CALIF.
ROBBES, N. M.