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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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 79702	
Reason(s) for filing (Check proper box)	
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"/>
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. 35	Pool Name, including Formation Wantz Abo	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> , 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"/>						
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	2	22-S	37-E	Yes	12-22-76
If this production is commingled with that from any other lease or pool, give commingling order number: <u>PC-137</u>						

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 11-11-76	Date Compl. Ready to Prod. 11-26-76	Total Depth 7610	P.B.T.D. 7571
Elevations (DF, RKB, RT, GR, etc.) RKB 3375	Name of Producing Formation Wantz Abo	Top Oil/Gas Pay 6713	Tubing Depth 6666
Perforations 6713-6984 (63 shots)		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

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 12-21-76	Date of Test 12-22-76	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 90	Casing Pressure -	Choke Size 20/64
Actual Prod. During Test 190	Oil-Bbls. 190	Water-Bbls. 0	Gas-MCF 507

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.	
APPROVED <u>JAN 17 1977</u> , 19	
BY <u>[Signature]</u>	
TITLE <u>[Signature]</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.	
<u>[Signature]</u> (Signature)	
Unit Head	
(Title)	
1-12-77	
(Date)	

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JAN 14 1977

OIL CORP. APEN CORP.
RECEIVED N. M.