

DISTRIBUTION	
SALE AREA	
FILE	
C.O.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-111
Effective 1-1-65

Operator Exxon Corporation	
Address Box 1600, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	
New Well ☒	Change In Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change In Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "S" State	Well No. 37	Pool Name, Including Formation Wantz Abo	Kind of Lease State, XXXXXXXXXX State	Lease No. B-934
Location				
Unit Letter C	330	Feet From The North	Line and 1980	Feet From The West
Line of Section 2	Township 22S	Range 37E	NMPM, Lea County	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Getty Oil Co.	Address (Give address to which approved copy of this form is to be sent) Box 1135, Eunice, New Mexico 88252					
If well produces oil or liquids, give location of tanks.	Unit F	Soc. 2	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When 5-6-77

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'ty. ☐ Diff. Res'ty. ☐		
Date Spudded 3-24-77	Date Compl. Ready to Prod. 5-6-77	Total Depth 7500	P.B.T.D. 7359
Elevations XX, RKB, XXXXXXXX 3371	Name of Producing Formation Wantz Abo	Top Oil/Gas Pay 6640	Tubing Depth 6538
Perforations 6640 - 6840			Depth Casing Shoe 7500

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4	9-5/8	1174	700 sx. 175 circ.
8-3/4	7	7500	2040 sx. 160 circ.
	2	6538	---

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 5-6-77	Date of Test 5-7-77	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hr.	Tubing Pressure 150	Casing Pressure Pkr.	Choke Size 32/64
Actual Prod. During Test 180	Oil-Bbls. 175	Water-Bbls. 5	Gas-MCF 1710

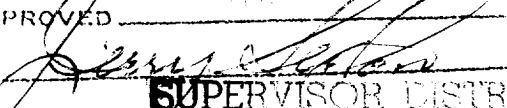
GAS WELL

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

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.

 (Signature)	Unit Head (Title)
May 17, 1977 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED _____, 19____	
BY  SUPERVISOR DISTRICT I	
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 deviated tests taken on the well in accordance with RULE 111.
All portions 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 conditions.

RECEIVED

MAY 18 1977

CL. COUNSEL OFFICE
HOBBS, R. M.