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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-101 and C-
Effective 1-1-65

I. Operator

Exxon Corporation

Address

Box 1600, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well

☒

Recompletion

☐

Change in Ownership

☐

Change in Transporter of:

Oil

☐

Dry Gas

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED WHEN
UNDER AN EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
New Mexico "M" Lease	48	Drinkard	State, Federal or Fee	R-934
Location				
Unit Letter	D	660	Feet From The North Line and	560
Line of Section		17	Township	22S
Range		37E	NMPM,	Lea
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp.	Rge.	Is gas actually connected?	When
	D	17	22		No-FLARED	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Diff. Res.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7-14-78	8-8-78	6730	6675					
Elevations (OF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3416	Drinkard	6386	6730					
Perforations							Depth Casing Shoe	
6404-6560							6721	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	24#	1072	620 (circ)					
7 7/8	14.0, 15.5	6721	1615 (circ)					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of land 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.)	
8-8-78	8-9-78	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hr.	50	PKR	32/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
147	140	7	246

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.

D L Clemmer
(Signature)

UNIT HEAD
(Title)

8-11-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED

AUG 11 1978

BY

John W. Ramsey
Geologist

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 drilled tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable or new and recompleting wells.

Fill out only Sections I, II, III, and VI for change of ownership name or number, or transporter or other such change of condition.