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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-104 and C-1
Effective 1-1-65

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

Other (Please explain): **CASINGHEAD GAS MUST NOT BE FLARED AFTER 2/1/80 UNLESS AN EXCEPTION TO B-4070 IS OBTAINED.**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "Z" State	Well No. 2	Pool Name, including Formation Langlie Mattix	Kind of Lease State, Federal or Free	Lease No. B11301
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>2</u> Township <u>24-S</u> Range <u>36-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Shell Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2099, Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ None	Address (Give address to which approved copy of this form is to be sent) None Flare	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected? When

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☒	Gas Well ☐	New Well ☒	Workover ☐	Deepen ☐	Plug Back ☐	Same Res't. ☐	Diff. Res't. ☐
Date Spudded 9-21-79	Date Compl. Ready to Prod. 11-24-79		Total Depth 3750		P.B.T.D. 3587			
Elevations (DF, RKB, RT, GR, etc.) 3367 RKB	Name of Producing Formation Seven Rivers Queen		Top Oil/Gas Pay 3525		Tubing Depth 3545			
Perforations 3466-3694 (107 shots) from 3619-3694 squeezed w/50 x					Depth Casing Shoe 3744			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8 24#		1307		670 sx			
8 5/8	5 1/2 14#		3744		775 sx			

V. 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 11-20-79	Date of Test 11-24-79	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 10#	Casing Pressure --	Choke Size 3/4
Actual Prod. During Test 20	Oil-Bbls. 16	Water-Bbls. 4	Gas-MCF 64

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.

C. J. Jackson
(Signature)

Unit Head

(Title)

12-5-79

(Date)

OIL CONSERVATION COMMISSION

APPROVED

DEC 30 1979

BY

TITLE

This form is to be filled 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 points 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.