	NO. OF CUPIES RECEIVED			
	DISTRIBUTION	~		
	SANTA FE		CONSERVATION COMMISS!	Form C - 104
	FILE	REQUEST	FOR ALLOWABLE AND	Supersedes Old C-104 and C-11 Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	A.C.
*	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	A5
	OIL			
	FRANSPORTER GAS			
	OPERATOR			·
1.	PRORATION OFFICE			
	Operator			
	Exxon Corporation Address			
	Box 1600, Midland, Tex	as 79701		
ĺ	Reason(s) for filing (Check proper box))	Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	OII Dry Go	ts 🔲	
	Change in Ownership	Casinghead Gas Conder	nsate	
	If shape of aurosphia sing name			
	If change of ownership give name and address of previous owner			
	-			
II.	DESCRIPTION OF WELL AND I		· · · · · · · · · · · · · · · · · · ·	
	Lease Name	Well No. Pool Na	me, Including Formation	Kind of Lease
	New Mexico "AB" State	3 Fo	wler (Upper Yeso)	State, Federal or Fee State
	Location			
	W=11 500			
	Unit Letter "I"; 560	Feet From The East Lin	ne and 2,080 Feet From T	he South
		Feet From The East Lin		he South County
TT.	Line of Section 16 , Tow	mship 24-S Range 37	-E , NMPM, Lea	
II.		TER OF OIL AND NATURAL GA	-E , NMPM, Lea	County
II.	Line of Section 16 , Tow	mship 24-S Range 37 TER OF OIL AND NATURAL GA C C Condensate	-E , NMPM, Lea AS Address (Give address to which approve	County ed copy of this form is to be sent)
II.	Line of Section 16 , Tow DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil	TER OF OIL AND NATURAL GA OF Condensate Permian (Eff. 9 / 1 /87)	-E , NMPM, Lea	County ed copy of this form is to be sent; n, Texas 77001
II.	Line of Section 16 , Town DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil The Permian Corporation	TER OF OIL AND NATURAL GA or Condensate Permian (Eff. 9 / 1 /87) inghead Gas Cor Dry Gas	Address (Give address to which approved P. O. Box 1183, Houston Address (Give address to which approved Address (Give address to which approximate Address (Give address (Give address to which approximate Address (Give address (Give address (Give	ed copy of this form is to be sent; n, Texas 77001 ed copy of this form is to be sent;
II.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil The Permian Corporation Name of Authorized Transporter of Cas El Paso Natural Gas Cor	TER OF OIL AND NATURAL GA or Condensate Permian (Eff. 9 / 1 /87) inghead Gas Cor Dry Gas	AS Address (Give address to which approve P. O. Box 1183, Houston	County ed copy of this form is to be sent) n, Texas 77001 ed copy of this form is to be sent) o, Texas
и.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil The Permian Corporation Name of Authorized Transporter of Cas	TER OF OIL AND NATURAL GA C C Condensate Permian (Eff. 9 / 1 /87) inghead Gas C or Dry Gas mpany	Address (Give address to which approve P. O. Box 1183, Houston Address (Give address to which approve P. O. Box 1492, El Paso	County ed copy of this form is to be sent) n, Texas 77001 ed copy of this form is to be sent) o, Texas
	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cill The Permian Corporation Name of Authorized Transporter of Cas El Paso Natural Gas Cor If well produces oil or liquids, give location of tanks.	reship 24-S Range 37 FER OF OIL AND NATURAL GA TO CONDENSATE Permian (Eff. 9 / 1 /87) Inghead Gas Toron Dry Gas manany Unit Sec. Twp. Rge. H 16 24-S 37-E	Address (Give address to which approve P. O. Box 1183, Houston Address (Give address to which approve P. O. Box 1492, El Paso Is gas actually connected? Yes	County ed copy of this form is to be sent) n, Texas 77001 ed copy of this form is to be sent) o, Texas
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2-7/8" 5,300

(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) V. TEST DATA AND REQUEST FOR ALLOWABLE

Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pum	Producing Method (Flow, pump, gas lift, etc.)	
3-3-74	3-5-74	Flowing	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24	250	1.300	32/64	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF	
581	224	357	224	

GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure Testing Method (pitot, back pr.) Casing Pressure Choke Size

VI. CERTIFICATE OF COMPLIANCE

V

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.

Unit Head

(Title)

March 12, 1974 (Date)

OIL CONSERVATION COMMISSION

BY

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 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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.