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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION 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, Texas 79702

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "AB" State	Well No. 4	Pool Name, Including Formation Langlie Mattix Seven Rivers Queen	Kind of Lease State, Federal	Lease No. B-935
Location Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East				
Line of Section 16 Township 24S Range 37E , NMPLM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Nat. Gas	Box 1382, Jal, N.M. 88252
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	YES 5-18-79

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'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 4-2-79	Date Compl. Ready to Prod. 5-1-79	Total Depth 5804	P.B.T.D. 3618					
Elevations (BF, RKB, RT, GR, etc.) 3285	Name of Producing Formation Seven Rivers & Queen	Top Oil/Gas Pay 3196	Tubing Depth Tubingless					
Perforations 3201-3481	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4	10 3/4	1102	750 Sx. CIRC. 90 Sx.					
7 7/8	4 1/2	5797	2100 Sx.					
7 7/8	3 1/8	3619						

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 587	Length of Test 24	Bbls. Condensate/MMCF ---	Gravity of Condensate --
Testing Method (prior, back pr.) Flow	Tubing Pressure (shut-in) -----	Casing Pressure (shut-in) Tubingless	Choke Size 1/2

I. 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.

A. L. Clemmer
(Signature)
Unit Head
(Title)
5-16-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 10 1979, 19
BY [Signature]
TITLE **SUPERVISOR DISTRICT**

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 daylight 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.

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MAY 24 1979

OIL CONSERVATION
HOBBS, N.M.

M.