

8
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-11
Effective 1-1-65

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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 ☐

Other (Please explain)

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 AB State	5	Langlie Mattix Seven Rivers Queen	STATE	8-934
Location				
Unit Letter	H	1880 Feet From The North Line and 660 Feet From The East		
Line of Section	16	Township 24-S Range 37-E	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)
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
	El Paso Nat. Gas, Box 1384, Jal, N.M. 89252
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pgo.
	Is gas actually connected? When
	No YES EST 5-21-79 6-5-77

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 Reservoir	Diff. Reservoir
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
3-16-79	4-10-79	3600	3595					
Elevations (D.F., RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3281	Seven Rivers & Queen	3166	3102					
Perforations			Depth Casing Shoe					
3166-3586			3599					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8 24# Csg.	1105	500 Sx. Circ.					
7 7/8	5" 15# Csg.	3599	1000 Sx. Circ.					

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	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
997	24 hr.	-----	-----
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Flow	375	Pkr.	1/2

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 Cramer
(Signature)

Unit Head

(Title)

5-16-79

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

[Signature]
SUPERVISOR DISTRICT I

JUN 11 1979
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 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 re-completed 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.

RECEIVED

MAY 24 1979

OIL CONSERVATION COMM.
MOBBS. H. H.