

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator EXXON CORPORATION	Well API No. 3002525299
Address ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEW MEXICO S STATE	Well No. 33	Pool Name, Including Formation BLINEBRY OIL	Kind of Lease State, Federal or Fee STATE	Lease No. B-934
Location				
Unit Letter P	380	Fect From The SOUTH	Line and 860	Fect From The EAST Line
Section 2	Township 22S	Range 37E	LEA	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXAS-NEW MEXICO PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) BOX 42130, HOUSTON, TX 77242-2130			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO E & P, INC.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1137, EUNICE, NM 88231			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 2	Twp. 22S	Rge. 37E
Is gas actually connected?	YES		When?	07/28/93

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 08/06/76	Date Compl. Ready to Prod. 08/27/93	Total Depth 7680	P.B.T.D. 7651					
Elevations (DF, RKB, RT, GR, etc.) RKB 3367	Name of Producing Formation BLINEBRY OIL	Top Oil/Gas Pay 5403	Tubing Depth 5862					
Perforations 5403-5557, 5668-5788			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4	10 3/4	1132	670 -C-					
8 3/4	7	7680	1840 -C-					

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 Tank	Date of Test 08/18/93	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 49	Water - Bbls. 0	Gas-MCF 1172

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Sharon B. Timlin
Signature

SHARON B. TIMLIN

Printed Name

09/23/93

Date

SR. STAFF OFFICE ASST.

Title

(915) 688-6166

Telephone No.

OIL CONSERVATION DIVISION

SEP 29 1993

Date Approved _____

By **ORIGINAL SIGNED BY JERRY SEXTON**

DISTRICT I SUPERVISOR

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.