

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

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

Operator EXXON CORPORATION	Well API No. 3002506809
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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	

If change of operator give name and address of previous operator Cancel Blinby allow

II. DESCRIPTION OF WELL AND LEASE

Lease Name F F HARDISON B	Well No. 6	Pool Name, Including Formation Paddock	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 27 Township 21S Range 37E , NMPM, 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, TEXAS 77242-2130			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> SID RICHARDSON CARBON & GASOLINE CO	Address (Give address to which approved copy of this form is to be sent) 201 MAIN ST. FT. WORTH, TEXAS 76102			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 27	Twp. 21S	Rge. 37E
	Is gas actually connected? YES	When?		

If this production is commingled with that from any other lease or pool, give commingling order number **PC 268**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v
Date Spudded 12/02/91	Date Compl. Ready to Prod. 12/28/91	Total Depth 6580	P.B.T.D. 5580					
Elevations (DF, RKB, RT, GR, etc.) 3399 GR	Name of Producing Formation Paddock	Top Oil/Gas Pay	Tubing Depth 5335			Depth Casing Shoe		
Perforations 5122 TO 5193								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15	10 3/4		321		250 SX			
9 7/8	7 5/8		2793		1200 SX			
6 3/4	5 1/2		6579		525			

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 Rur. To Tank 12/31/91	Date of Test 01/01/91	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 14	Water - Bbls. 74	Gas-MCF 54

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 Sr. staff office assistant
Printed Name Title
04/29/92 (915) 688-7509
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 04 '92
By _____
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.