

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. 3002506472
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 checked="" 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 V STATE	Well No. 10	Pool Name, Including Formation HARE-SAN ANDRES GAS POOL	Kind of Lease State, Federal or Fee STATE	Lease No. B-935
Location				
Unit Letter M	: 560	Feet From The SOUTH	Line and 660	Feet From The WEST Line
Section 10	Township 21S	Range 37E	NMPM,	LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
SHELL PIPELINE CORP	P.O. BOX 2648 HOUSTON, TEXAS
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
SID RICHARSON-CARBON & GASOLINE CO	201 MAIN ST FT. WORTH TEXAS 76102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	M 10 21S 37E YES 02/11/93

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded 01/26/93	Date Compl. Ready to Prod. 02/11/93	Total Depth 7939	P.B.T.D. 5065					
Elevations (DF, RKB, RT, GR, etc.) 3458	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay	Tubing Depth 3995					
Perforations 5157-5192 CIBP @ 5100 35' CMT ON TOP 4066-4353							Depth Casing Shoe	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
17 1/4	10 3/4		342			375 SX		
11	7 5/8		3104			1000 SX		
6 3/4	5 1/2		7939			450 SX		

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	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 742	Length of Test 24	Bbls. Condensate/MMCF 11	Gravity of Condensate 31.6°
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 590	Casing Pressure (Shut-in)	Choke Size 8/64

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

02/26/93

(915) 688-6166

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUL 20 1993**

By **ORIGINAL SIGNED BY JERRY SEXTON**

Title **DISTRICT I SUPERVISOR**

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

- 1) Request for allowable for newly drilled or deepend 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.