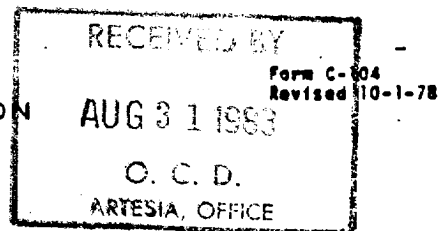


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator EXXON CORPORATION  
Address P.O. 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) CHANGED TRANSPORTER FROM EL PASO NAT GAS TO: PHILLIPS PET CO.

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE R-7372 10/20/83  
Lease Name N.M. CY STATE COM. Well No. 1 Pool Name, including Formation EMPIRE WILDCAT ATOKA GAS Kind of Lease State, Federal or Fee Lease N 46-6339  
Location J 1980 Feet From The SOUTH Line and 1650 Feet From The EAST  
Line of Section 23 Township 17-S Range 28-E NMPM EDDY Count \_\_\_\_\_

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ PERMIAN CORPORATION Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, HOUSTON TEXAS 77001  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ PHILLIPS PETROLEUM COMPANY Address (Give address to which approved copy of this form is to be sent) 4001 PEMBROOK, DDESSA, TEXAS 79762  
If well produces oil or liquids, give location of tanks. Unit J Sec. 23 Twp. 17-S Rng. 28-E Is gas actually connected? YES When 8-18-83

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 Resrv.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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 all able 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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

VI. 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.

A. A. Lane  
(Signature)

SR. ADMIN.  
(Title)

8-29-83  
(Date)

OIL CONSERVATION DIVISION

SEP 02 1983

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

Original Signed By  
BY Leslie A. Clements

TITLE Supervisor District II

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 deviation 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. Separate Forms C-104 must be filed for each pool in multiple.