

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-1-78

JUN 16 1982

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR	
Operator Exxon Corporation	
Address P.O. Box 1600, Midland, TX 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>7-1-82</u> UNLESS AN EXCEPTION IS OBTAINED <i>from Minerals Management Service</i>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Allen Federal	Well No. 1	Pool Name, including Formation Undesignated East Red Lake Queen-Grayburg	Kind of Lease State Federal or <del>Lease</del>	Lease N NM-24155
Location				
Unit Letter <u>A</u> ; <u>360</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>25</u> Township <u>16-S</u> Range <u>28E</u> , NMPM, Eddy Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>THE PERMAN CORPORATION</u> <i>Permian (EN 9/1/17)</i>	<u>P.O. Box 1183 HOUSTON TEXAS 77001</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
	Flare
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>A</u> Sec. <u>25</u> Twp. <u>16</u> Rge. <u>28</u>	

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 checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res. <input type="checkbox"/>
Date Spudded 5-2-82	Date Compl. Ready to Prod. 6-3-82	Total Depth 2300	P.B.T.D. 2245					
Elevations (DF, RKB, RT, GR, etc.) 3663	Name of Producing Formation Queen	Top Oil/Gas Pay 1687	Tubing Depth 1645					
Perforations 1637-1607			Depth Casing Shoe 2293					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8"	348	225					
7 7/8	5 1/2	2293	550					
	2 7/8	1645	---					

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 5-26-82	Date of Test 6-3-82	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 40#	Casing Pressure Pkr	Choke Size 36/64
Actual Prod. During Test 20	Oil-Bble. 17	Water-Bble. 3	Gas-MCF 58

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, 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.

D.P. Luna  
(Signature)

Sr. Administrator  
(Title)

6-14-82  
(Date)

OIL CONSERVATION DIVISION

JUN 23 1982

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY W.A. Grassett  
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 deviate 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 completed wells.