

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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JUN 28 1982

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA, OFFICE

**I. OPERATOR**

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SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
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LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	

Operator: Exxon Corporation

Address: P. O. Box 1600, Midland, TX 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): CASINGHEAD GAS MUST NOT BE FLARED AFTER 7-1-82 UNLESS AN EXCEPTION IS OBTAINED FROM MINERALS MANAGEMENT SERVICE

If change of ownership give name and address of previous owner:

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Ryan Federal	Well No. 2	Pool Name, including Formation Undesignated	Kind of Lease State, Federal or Res NM-9987	Lease No.
Location Unit Letter H ; 1780 Feet From The North Line and 660 Feet From The East Line of Section 19 Township 16S Range 29E , 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"/> The 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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Flared	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit H Sec. 19 Twp. 16S Rge. 29E	Is gas actually connected? When

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'v. <input type="checkbox"/>	Date Spudded 4-28-82	Date Compl. Ready to Prod. 6-20-82	Total Depth 2310'	P.B.T.D. 2227'
Elevations (Top of Casing, GR, etc.) 3630	Name of Producing Formation Queen	Top Oil/Gas Pay 1688	Tubing Depth 1658	
Perforations 1688-1804 - 80 shots	Depth Casing Shoe 2300			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8" 24#	348'	330
7 7/8	5 1/2" 14#	2300'	650 sx TOC 50# TS
	2 7/8"	1658	

**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 5-21-82	Date of Test 6-20-82	Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 HR	Tubing Pressure ---	Casing Pressure ---
Actual Prod. During Test 19	Oil - Bbls. 19	Water - Bbls. 0
		Gas - MCF 10

**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. 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.

B. F. Lowe  
(Signature)  
Sr. Administrator  
(Title)  
June 24, 1982  
(Date)

**OIL CONSERVATION DIVISION**

APPROVED 6-30-82 19  
BY W. A. Sussett  
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.

**EXXON** COMPANY, U.S.A.  
POST OFFICE BOX 230 • MIDLAND, TEXAS 79702

MIDCONTINENT PRODUCTION DIVISION  
MIDLAND DRILLING ORGANIZATION

H.G. DAVIDSON  
DRILLING MANAGER

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ARTESIA, OFFICE

May 6, 1982

LISTED BELOW ARE THE DEVIATION TESTS TAKEN ON RYAN FEDERAL NO. 2 :

<u>DEPTH</u>	<u>DEGREES OF DEVIATION</u>
350	1/4
827	3/4
1319	3/4
1783	1
2279	1
2305	1 1/2

BY Pamela Mendenhall

Sworn to and subscribed before me this 6th day of May, 1982

Helen G. Wood  
Notary Public  
Midland, Texas

My commission expires: 7-6-85