

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

RECEIVED

OCT 12 1982

O. C. D.

ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator Exxon Corporation

Address P.O. Box 1600, Midland, TX 79702

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry 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 <u>Lakewood Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Yeso Seven Rivers Yeso</u>	Kind of Lease <u>State Federal or FXX</u>	Lease N <u>NM 31200</u>
Location				
Unit Letter <u>0</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1993</u> Feet From The <u>East</u>				
Line of Section <u>34</u> Township <u>19S</u> Range <u>25E</u> , NMPM, <u>Eddy</u> 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"/> <u>The Permian Corp. Permian (Ch. 9/1/82)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183, Houston, TX 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) <u>Flare</u>
If well produces oil or liquids, give location of tanks.	Unit <u>0</u> Sec. <u>34</u> Twp. <u>19</u> Rge. <u>25</u> Is gas actually connected? <input type="checkbox"/> 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. <input type="checkbox"/>
Date Spudded <u>8-18-82</u>	Date Compl. Ready to Prod. <u>9-29-82</u>	Total Depth <u>3150</u>	P.B.T.D. <u>3122</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>GR 3509</u>	Name of Producing Formation <u>Yeso</u>	Top Oil/Gas Pay <u>2442</u>	Tubing Depth <u>2434</u>					
Perforations <u>2442 - 2680</u>	<u>(66 shots)</u>	Depth Casing Shoe <u>3148</u>						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>11</u>	<u>8 5/8</u>	<u>488</u>	<u>380</u>					
<u>7 7/8</u>	<u>5 1/2</u>	<u>3148</u>	<u>500</u>					
	<u>2 7/8</u>	<u>2434</u>	<u>-</u>					

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 <u>9-14-82</u>	Date of Test <u>9-29-82</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24</u>	Tubing Pressure <u>-</u>	Casing Pressure <u>-</u>	Choke Size <u>-</u>
Actual Prod. During Test <u>69</u>	Oil-Bbls. <u>39</u>	Water-Bbls. <u>30</u>	Gas-MCF <u>8</u>

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.L. F. L...
(Signature)Sr. Administrator
(Title)10-6-82
(Date)

OIL CONSERVATION DIVISION

OCT 14 1982

APPROVED _____, 19____

BY _____
Original Signed By
Ladie A. ClementsTITLE _____
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 deepen
well, this form must be accompanied by a tabulation of the deviativ
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owne
well name or number, or transporter, or other such change of conditioSeparate Forms C-104 must be filed for each pool in multip
completed wells.

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

Sept. 1, 1982

LISTED BELOW ARE THE DEVIATION TESTS TAKEN ON LAKEWOOD FEDERAL NO. 1 :

<u>DEPTH</u>	<u>DEGREES OF DEVIATION</u>
476	1
1044	3/4
1503	3/4
1950	1/2
2430	3/4
2924	1/2
3150	3/4

BY Pamela Mendenhall

SWORN TO and subscribed before me this 1st day of September, 1982.

John R. Hood
Notary Public
Midland, Texas

My commission expires: 7-6-85