

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

Form C-104
Revised 10-1-78

FEB 01 1983

O. C. D.
ARTESIA, OFFICEREQUEST 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 ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Casinghead Gas MUST NOT BE
FLARED 3/5/83
UNLESS IT IS PROVEN FROM MMS
IS CONTAINEDIf change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Lakewood Federal	Well No. 3	Pool Name, including Formation Seven Rivers Yeso	Kind of Lease State, Federal or Private State, Federal or Private	Lease No. NM-31200
Location Unit Letter <u>I</u> ; <u>2190</u> Feet From The <u>South</u> Line and <u>588</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"/> Permian Corporation Permian (Eff. 9/1/87)	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"/>	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.	Unit <u>I</u>	Sec. <u>34</u>
	Twp. <u>19</u>	Rge. <u>25</u>
	Is gas actually connected? <u>When</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 Resrv. <input type="checkbox"/>	Diff. Res. <input type="checkbox"/>
Date Spudded 12-2-82	Date Compl. Ready to Prod. 1-15-83		Total Depth 3662'		P.B.T.D. 3612'			
Elevations (DF, RKB, RT, GR, etc.) RKB 3544'	Name of Producing Formation Yeso		Top Oil/Gas Pay 2454'		Tubing Depth 2428'			
Perforations 2454'-2688' w/66 shots					Depth Casing Shoe 3652'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	517'	570
7 7/8"	5 1/2"	3652'	530
	2 7/8"	2428'	

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 oil
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 1-5-83	Date of Test 1-15-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 175	Oil - Bbls. 61	Water - Bbls. 114	Gas - MCF 46

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.

OIL CONSERVATION DIVISION

FEB 03 1983

APPROVED _____, 19

BY _____

Supervisor - District #

TITLE _____

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 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 conditio

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

E. F. Lowe

(Signature)

Sr. Administrator

(Title)

January 27, 1983

(Date)