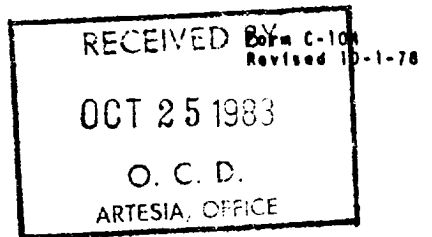


OIL CONSERVATION DIVISION  
P. O. BOX 2080  
SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
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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 ~~Casinghead~~ GAS MUST NOT BE  
FLARED AFTER 1-2-84  
UNLESS AN EXCEPTION TO Rule 306  
IS OBTAINED.

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

II. DESCRIPTION OF WELL AND LEASE

Lessee Name New Mexico DC State	Well No. 2	Pool Name, Including Formation Wildcat (Queen)	Kind of Lease (State) <del>XXXXXXXX</del>	Lease No. LG-1637
Location Unit Letter <u>I</u> ; <u>1780</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>19S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County				

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	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)
If well produces oil or liquids, give location of tanks.	Unit <u>I</u> Sec. <u>18</u> Twp. <u>19S</u> Rge. <u>29E</u> Is gas actually connected? <u>Flare</u> 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 Resrv. <input type="checkbox"/> Diff. Res. <input type="checkbox"/>		
Date Spudded 1-29-83	Date Compl. Ready to Prod. 4-6-83	Total Depth 4419	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) DF-3370'; GL-3359'	Name of Producing Formation <u>Bone Springs Queen</u>	Top Oil/Gas Pay 1956	Tubing Depth 2503'
Perforations 1956-2468'	Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	612	500
11	8 5/8	1586	600
7 7/8	5 1/2	4407	795
	2 7/8	2503	

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4-6-83	Date of Test 10-1-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size 16-4-83 Long & BK
Actual Prod. During Test	Oil-Bbls. 21	Water-Bbls. 126	Gas-MCF 7

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.

Melba Knippling  
(Signature)  
Unit Head  
October 24, 1983  
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 31 1983  
Original Signed By  
BY Leslie A. Clements  
TITLE Supervisor-District II

This form is to be filed in compliance with RULE 111.  
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 conditions.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.