

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

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| TRANSPORTER | <input checked="" type="checkbox"/> |
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| GAS | <input checked="" type="checkbox"/> |
| OPERATOR | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE | |

RECEIVED BY CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
DEC 11 1985

O. C. D. REQUEST FOR ALLOWABLE
ARTESIA, OIL AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Exxon Corporation ✓
Address
P. O. Box 1600, Midland, TX 79702
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain)
Request for testing allowable for August, September, October (approx.)
Well was P & A'd 11-6-85 125 bbls
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name
New Mexico EP State Com
Well No. 1
Pool Name, including Formation
Undesig. Siegreest Draw
Kind of Lease
State, Federal, or Private V-446 & LG-3217
Location
Unit Letter K : 1985 Feet From The South Line and 2129 Feet From The West
Line of Section 19 Township 19S Range 24E, NMPM, Eddy, Com

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Permian Corporation
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
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 Sec. Twp. Rge. 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 Gas Well New Well Workover Deepen Plug Back Same Res'v. Drill Re.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (plug, 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 Knispling
(Signature)
Unit Head
(Title)
12-9-85
(Date)

OIL CONSERVATION DIVISION
DEC 30 1985
APPROVED _____, 19____
BY _____
Original Signed By
Lee A. Clements
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 deviated 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 multiple completed wells.