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RECEIVED BY
OIL CONSERVATION DIVISIONNOV 12 1985
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Exxon Corp. ✓

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

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input checked="" type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name
New Mexico ES State Com

Well No.
1

Pool Name, including Formation
~~Red Tank Draw Permian~~

Kind of Lease
State, Federal or Fee State

Lease N
LG-2040

Location
Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East

Line of Section 7 Township 19S Range 24E , NMPM, Eddy Count

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Not contracted	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Transwestern Pipeline Co.</u>	<u>Box 9531, Houston, Tx. 77252</u>
If well produces oil or liquids, give location of tanks.	Is gas actually collected? <u>yes</u> When <u>3-24-88</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
		X	X					
Date Spudded 6-19-85	Date Compl. Ready to Prod. 8-18-85	Total Depth 8555	P.B.T.D. 7581					
Elevations (DF, RKB, RT, GR, etc.) 3814' GL	Name of Producing Formation <u>Permian</u>	Top Oil/Gas Pay 6144'	Tubing Depth 6225'					
Perforations 6144 - 6390			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	302	765 sx C1C
			cmt plugs w/800 sx
12 1/4	8 5/8	1718	100 sx C1C
7 7/8	5 1/2	8552	1350 sx C1C

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 tests taken on the well in accordance with RULE 111.

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 153.59	Length of Test 8 hrs.	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-In) 1270	Casing Pressure (Shut-In)	Choke Size 7/64 - 13/64

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.

Mike Williams
(Signature)
Unit Head
(Title)
11-08-85
(Date)

OIL CONSERVATION DIVISION

JUN 13 1988

APPROVED _____, 19____
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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.