STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

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OIL CONSERVATION DIVISION

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TRANSPORTER OIL	✓	
TRANSPORTER GAS		✓
OPERATOR	✓	
PRORATION OFFICE		

REQUEST FOR ALLOWABLE 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 ☐
- Recompletion ☐
- Change in Ownership ☐
- Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain): ~~Reason~~ CASINGHEAD GAS MUST NOT BE FLARED AFTER 3-6-86 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

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Catclaw Draw	8	Wildcat - Delaware	~~State~~, Federal or Fee Fee	

Location
Unit Letter G : 1942 Feet From The North Line and 1525 Feet From The East

Line of Section 22 Township 21S Range 25E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Permian Corp.	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 Resv.	Diff. Res
	X							X

Date ~~Spudded~~	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Reentered 10-22-85	11-25-85	4145	3845

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
KB-3488 GL-3463	Delaware	2778	2830

Perforations	Depth Casing Shoe
2888-2778	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	295	300 - already
11	8 5/8	1910	800 - in place.
7 7/8	7	1640	210
6	4 1/2	4135	700

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)

Post ID-2 1-10-86 comp + AK

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-25-85	12-13-85	Pump	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.			

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	50	68	84

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.

(Signature)
Unit Head
(Title)
12-16-85
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 31 1985, 19____

BY Original Signed By Les 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 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 condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.