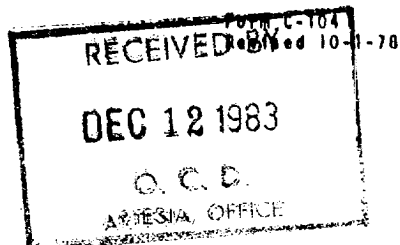


OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR  
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 (Please explain) CASIN, LEAD GAS MUST NOT BE  
FEARED AFTER 2-13-84  
UNLESS AN EXCEPTION TO Rule 306  
IS OBTAINED

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

2. DESCRIPTION OF WELL AND LEASE 2-7437 2-6-84  
Lease Name New Mexico "DP" State Well No. 1 Pool Name, including Formation AVACON DELAWARE Kind of Lease State, XXXXXXXXXX Lease No. V-609  
Location  
Unit Letter F : 1962 Feet From The North Line and 1983 Feet From The West  
Line of Section 28 Township 20S Range 28E , NMPM, Eddy County

3. 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 1193, Houston, Texas 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 F Sec. 28 Twp. 20S Rge. 28E Is gas actually connected? ☐ When \_\_\_\_\_

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

4. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res't. ☐ Drill. ☐  
Date Spudded 10-7-83 Date Compl. Ready to Prod. 11-14-83 Total Depth 5197' P.B.T.D. \_\_\_\_\_  
Elevations (DF, RKB, RT, GR, etc.) GL-3220' Name of Producing Formation Delaware Top Oil/Gas Pay 4472 Tubing Depth 4461'  
Perforations 4472-4480' Depth Casing Shoe \_\_\_\_\_  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
17 1/2" 13 3/8" 596' 930  
11" 8 5/8" 2637' 780  
7 7/8" 5 1/2" 5193' 1200  
2 7/8" 4461'

5. 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 all able for this depth or be for full 24 hours)  
OIL WELL  
Date First New Oil Run To Tanks 10-28-83 Date of Test 11-22-83 Producing Method (Flow, pump, gas lift, etc.) Pump  
Length of Test 24 hrs. Tubing Pressure 25 Casing Pressure \_\_\_\_\_ Choke Size \_\_\_\_\_  
Actual Prod. During Test Oil-Bbls. 82 Water-Bbls. 342 Gas-MCF 132  
Post FD-2 12-16-83 Comp. BK

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 \_\_\_\_\_

6. 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 Kripling (Signature)  
Unit Head \_\_\_\_\_  
December 9, 1983 (Date)  
OIL CONSERVATION DIVISION  
APPROVED DEC 13 1983, 12  
BY Leslie A. Clements Original Signed By  
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 allowables 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 Form C-104 must be filed for each pool in multi-completed wells.