

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED BY C-104
Revised 10-9-78

SEP 27 1984

O. C. D.
ARTESIA, OFFICEREQUEST 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 <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 12-4-84 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

Lease Name Roy Renfro	Well No. 1	Pool Name, including Formation Undesig- Bone Spring	Kind of Lease State, Federal or Fee	Lease N
Location Unit Letter <u>N</u> : <u>3300</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>1</u> Township <u>21S</u> Range <u>27E</u> , NMPM, Eddy Count				

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, TX 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>N</u> Sec. <u>1</u> Twp. <u>21S</u> Rge. <u>27E</u> Is gas actually connected? <u>Flared</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 Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 8-26-84	Date Compl. Ready to Prod. 9-21-84		Total Depth 5624		P.B.T.D. 5598			
Elevations (DF, RKB, RT, GR, etc.) KB-3210; GL-3197	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 5504		Tubing Depth 5299			
Perforations 5504-5526					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		803		1385			
11"	8-5/8"		2595		1150			
7-7/8"	5-1/2"		5598		1100			
	2-7/8"		5299					

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-
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9-19-84	Date of Test 9-25-84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 135	Casing Pressure	Choke Size 20/64"
Actual Prod. During Test	Oil - Bbls. 109	Water - Bbls. 3 (load)	Gas - MCF 220

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.

(Signature)

Unit Head

(Title)

September 26, 1984

(Date)

OIL CONSERVATION DIVISION

SEP 28 1984

APPROVED _____, 19____
BY _____
Original Signed By
Leslie 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 deviatric
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owne
well name or number, or transporter, or other such change of conditioSeparate Forms C-104 must be filed for each pool in multip
completed wells.