

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED BY

SEP 21 1984 Form C-104  
Revised 10-1-78O. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

|   |  |
|---|--|
| Operator<br>Exxon Corporation   |  |
| Address<br>P. O. Box 1600, Midland, TX 79702  |  |
| Reason(s) for filing (Check proper box)   | Other (Please explain)   |
| New Well <input checked="" type="checkbox"/>  | CASINGHEAD GAS MUST NOT BE<br>FLARED AFTER <u>10-25-84</u><br>UNLESS AN EXCEPTION FROM<br>THE B. L. M. IS OBTAINED |
| Recompletion <input type="checkbox"/>   |  |
| Change in Ownership <input type="checkbox"/>  |  |
| Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |  |
| If change of ownership give name and address of previous owner  |  |

## II. DESCRIPTION OF WELL AND LEASE

|  |                 |   |   |                       |
|--|-----------------|---|---|-----------------------|
| Lease Name<br>Stott Federal  | Well No.<br>3   | Pool Name, including Formation<br><del>Undesig.</del> Bone Spring | Kind of Lease<br>State Federal or Private | Lease No.<br>NM-40256 |
| Location<br>Unit Letter <u>K</u> Lot <u>11</u> : 1980 Feet From The <u>West</u> Line and 2912.3 Feet From The <u>North</u> |                 |   |   |                       |
| Line of Section<br>1   | Township<br>21S | Range<br>27E  | 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"/> | Address (Give address to which approved copy of this form is to be sent) |           |             |             |                                     |      |
| Permian Corporation  | 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<br>Lot 11   | Sec.<br>1 | Twp.<br>21S | Rge.<br>27E | Is gas actually connected?<br>Flare | 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<br>X                              | Gas Well                | New Well<br>X        | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res. |
| Date Spudded<br>7-13-84                                | Date Compl. Ready to Prod.<br>8-29-84      | Total Depth<br>5630     | P.B.T.D.             |          |        |           |             |            |
| Elevations (DF, RKB, RT, GR, etc.)<br>KB-3196; GL-3184 | Name of Producing Formation<br>Bone Spring | Top Oil/Gas Pay<br>5488 | Tubing Depth<br>5400 |          |        |           |             |            |
| Perforations<br>5488 - 5516                            | Depth Casing Shoe                          |                         |                      |          |        |           |             |            |
| TUBING, CASING, AND CEMENTING RECORD                   |  |                         |                      |          |        |           |             |            |
| HOLE SIZE  | CASING & TUBING SIZE                       | DEPTH SET               | SACKS CEMENT         |          |        |           |             |            |
| 17-1/2   | 13-3/8                                     | 604                     | 600                  |          |        |           |             |            |
| 11   | 8-5/8                                      | 2594                    | 5700                 |          |        |           |             |            |
| 7-7/8  | 5-1/2                                      | 5625                    | 1320                 |          |        |           |             |            |
|  | 2-7/8                                      | 5400                    |                      |          |        |           |             |            |

## 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<br>8-29-84 | Date of Test<br>9-1-84 | Producing Method (Flow, pump, gas lift, etc.)<br>Flow | Post ID-2<br>9-24-84<br>Comp 4 BK<br>(X) |
| Length of Test<br>24 hrs.                  | Tubing Pressure<br>640 | Casing Pressure                                       |  |
| Actual Prod. During Test                   | Oil - Bbls.<br>109     | Water - Bbls.<br>0                                    |  |
|  |                        | Gas - MCF<br>287                                      |  |

## 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 19, 1984  
(Date)

OIL CONSERVATION DIVISION  
SEP 25 1984APPROVED \_\_\_\_\_, 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 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 name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filled for each pool in multiphase completed wells.