

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED BY Form C-104  
Revised 10-1-78

OCT 26 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

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE

FLARED AFTER 12-2-84

If change of ownership give name  
and address of previous ownerNO EXCEPTION FROM  
THIS RULE IS OBTAINED

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Trigg Federal	Well No. 1	Pool Name, including Formation Wildcat - Delaware	Kind of Lease State, Federal or Fee	Lease No. LC-060572-A
Location				
Unit Letter L	1980	Feet From The South	Line and 660	Feet From The West
Line of Section 7	Township 21S	Range 28E	, NMPM, Eddy	

## 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)					
Koch Oil Company	P. O. Box 3609, Midland, TX 79705					
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 L	Sec. 7	Twp. 21S	Rge. 28E	Is gas actually connected? Flared	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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded 9-15-84	Date Compl. Ready to Prod. 10-13-84		Total Depth 3366		P.B.T.D. 3356			
Elevations (DF, RKB, RT, GR, etc.) 3155' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 2926		Tubing Depth 3020			
Perforations 2926 - 2992'					Depth Casing Shoe			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	831'	1500
11"	8-5/8"	2506'	1550
7-7/8"	5-1/2"	3356'	400

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 10-16-84	Date of Test 10-20-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 88	Water - Bbls. 230	Gas - MCF 54

## 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)October 24, 1984  
(Date)

## OIL CONSERVATION DIVISION

OCT 31 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 deepen  
well, this form must be accompanied by a tabulation of the deviat  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allo  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own  
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.