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AUG 14 1987  
OIL CONSERVATION DIVISION  
P. O. BOX 2088  
O. SANTA FE, NEW MEXICO 87501  
ARTESIA, OFFICEForm C-104  
Revised 10-1-78REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator Exxon Corp.

Address P. O. Box 1600, Midland, TX 79702

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐

Other (Please explain)

If change of ownership give name and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Happy Valley Federal Com. Well No. 1 Pool Name, including Formation NE Sheep Draw Kind of Lease Federal NM-59378

Location Happy Valley - Strawn State, Federal or Fee Federal NM-59378

Unit Letter G : 1780 Feet From The North Line and 1830 Feet From The East

Line of Section 28 Township 22S Range 26E , NMPM, Eddy Count

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Permian Corp. 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 ☐ or Dry Gas ☒ Not Contracted Address (Give address to which approved copy of this form is to be sent) Box 1235 Hobbs, N.M.

If well produces oil or liquids, give location of tanks. Unit G Sec. 28 Twp. 22 Rge. 26 Is gas actually connected? No When 8-10-87

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 Res'v. ☐ Drill Rec ☐

Date Spudded 5/10/85 Date Compl. Ready to Prod. 7/13/85 Total Depth 11840 P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.) KB-3359.8, DF-3358.8, GL-3336.5 Name of Producing Formation 10294 Top Oil/Gas Pay 10213 Tubing Depth 10213

Perforations 10294-10338 Strawn Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17-1/2"</u>	<u>13-3/8"</u>	<u>1647</u>	<u>2000</u>
<u>12-1/4"</u>	<u>9-5/8"</u>	<u>2695</u>	<u>775</u>
<u>8-1/2"</u>	<u>5"</u>	<u>11838</u>	<u>3100</u>

## 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  Date of Test  Producing Method (Flow, pump, gas lift, etc.) Post ID-2

Length of Test  Tubing Pressure  Casing Pressure  Choke Size 8-36-85

Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas - MCF Comp x RK

## GAS WELL

Actual Prod. Test - MCF/D <u>881.88</u>	Length of Test <u>4 hours</u>	Bbls. Condensate/MMCF <u>10</u>	Gravity of Condensate <u>53.5</u>
Testing Method (pilot, back pr.) <u>Flowing</u>	Tubing Pressure (Shut-In) <u>3680</u>	Casing Pressure (Shut-In) <u></u>	Choke Size <u>9.5/64-19/64</u>

## 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.

Melba Kripling  
(Signature)

Unit Head  
(Title)

8-12-85

(Date)

## OIL CONSERVATION DIVISION

APPROVED AUG 26 1987, 19BY Original Signed ByTITLE Supervisor District

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 well name or number, or transporter, or other such change of condition.

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