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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
AUG 14 1985
O. C. D.
ARTESIA, OFFICE

I. OPERATOR
Exxon Corp.
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)
SEP 03 '87
O. C. D.
ARTESIA, OFFICE

II. DESCRIPTION OF WELL AND LEASE NE Sheep Draw
Lease Name Happy Valley Federal Com. Well No. 1 Pool Name, including Formation Happy Valley - Strawn Kind of Lease Federal NM-59378
Location
Unit Letter G : 1750 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. SCURLOCK PERMIAN CORP EFF 9-1-91 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 - W. Lano Box 1320 Hobbs, N.M.
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
G 28 22 26 No yes 8-10-87

IV. COMPLETION DATA
Designate Type of Completion - (X)
Oil Well ☐ Gas well ☒ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Resrv. ☐ Diff. Res. ☐
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 Top Oil/Gas Pay Tubing Depth
10294-10338 Strawn 10294 10213
Perforations Depth Casing Shoe
10294-10338 Strawn
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
17-1/2" 13-3/8" 1647 2000
12-1/4" 9-5/8" 2695 775
8-1/2" 5" 11838 3100
278 10,213

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.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

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

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 Kripleing
(Signature)
Unit Head
(Title)
8-12-85
(Date)

OIL CONSERVATION DIVISION
APPROVED AUG 26 1987, 19
BY Original Signed By
Les A. Clement
TITLE 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 deviate 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 filled for each pool in multiphase completed wells.