

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

RECEIVED BY
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FEB 7 1985

O. C. D.

ARTESIA OFFICE

Operator
Exxon Corporation

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

Reason(s) for filing (Check proper box)

New Well

☐

Recompletion

☒

Change in Ownership

☐

Change in Transporter of:

Oil

☐

Dry Gas

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mary Federal	Well No. 1	Pool Name, Including Formation Sheep Draw - Strawn	Kind of Lease State, Federal or Trak	Lease NM-0426782
Location Unit Letter <u>H</u> ; <u>1924</u> Feet From The <u>North</u> Line and <u>651</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>23S</u> Range <u>25E</u> , NMPM, Eddy				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2521, Houston, TX 77252					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 11	Twp. 23S	Rge. 25E	Is gas actually connected? <u>Yes</u>	When <u>1-4-85</u>

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 Resrv.	Diff. R
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Date Spudded plugback began 12-25-84	Date Compl. Ready to Prod. 1-2-85	Total Depth 11,570	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3736 KB	Name of Producing Formation Strawn	Top Oil/Gas Pay 10,268	Tubing Depth 10,044					
Perforations 10,268 - 10,292			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
20"	16"	100'	Circ.					
12-1/4"	9-5/8"	2430'	Circ.					
8-3/4", 7-7/8"	5-1/2"	11570'	1075					
	2-7/8"	10044						

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 of well for this depth or be for full 24 hours)

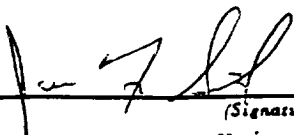
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.) <u>Post ID-2</u> <u>3-8-85</u> <u>Comp. Str.</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1400	Length of Test 24	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-In) 3483	Casing Pressure (Shut-In)	Choke Size 10/64"

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.



(Signature)

Unit Head

(Title)

1-31-85

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 8 1985, 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 deeper 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 all wells 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 conditions.

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