

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED BY

DEC 17 1985

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 <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name South Carlsbad Gas Com. No. 3	Well No. 1	Pool Name, including Formation Undes.-Bone Spring	Kind of Lease State, Federal or Fee State	Lease N L-3390
Location Unit Letter <u>C</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>26</u> Township <u>23S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> Count				

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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1320, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit <u>C</u> Sec. <u>26</u> Twp. <u>23</u> Rge. <u>26</u>	Is gas actually connected? <u>Yes</u> When <u>11-26-74</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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. Drill Rec <input type="checkbox"/>
Date Spudded 9-26-73	Date Compl. Ready to Prod. 8-30-85	Total Depth 11930		P.B.T.D. 10843				
Elevations (DF, RKB, RT, CR, etc.) 3275 RKB	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 7677		Tubing Depth 7705				
Perforations 7677-7691				Depth Casing Shoe				

## TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	674	585
12 1/4	8 5/8	5300	1400
8 3/4	7	11930	1250
	<u>23/8</u>	<u>7705</u>	

## V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of lead oil and must be equal to or exceed top oil  
able for this depth or be for full 24 hours)

OIL WELL		(Test 20-2)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.) <u>1-3-85</u> <u>Comp. BS</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 53.54	Length of Test 4 hours	Bbls. Condensate/MMCF 0.97 during 4 hours	Gravity of Condensate 55.6
Testing Method (pust, back pr.) Flowing	Tubing Pressure (Shut-In) 1100	Casing Pressure (Shut-In)	Choke Size 7.5/64 to 9.5/64

## 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.

Unit Head

(Title)

12-16-85

(Date)

## OIL CONSERVATION DIVISION

APPROVED DEC 20 1985, 19BY Original Signed By  
Les A. ClementsTITLE 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 deviate  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owne  
r 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.