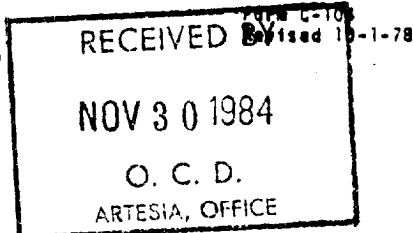


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator: Exxon Corporation

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

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Plug Back

Recompletion ☒ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: South Carlsbad Gas Comm #4

Well No.: 1

Pool Name, including Formation: Wildcat - Atoka

Kind of Lease: State, Federal or Fee State

Lease N: L-1649

Location: Unit Letter C, 1980 Feet From The North Line and 1980 Feet From The East

Line of Section: 27 Township: 23S Range: 26E NMPM, Eddy Count

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)

Llano, Inc. P. O. Drawer 1320, Hobbs, NM 88240

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

Yes 9-6-74

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. Diff. Res'

X

Date Spudded: 12-23-73 Date Compl. Ready to Prod.: 11-8-84 Total Depth: 11,866 P.B.T.D.: 11,237

Elevations (DF, RKB, RT, GR, etc.): 3302' GR Name of Producing Formation: Atoka Top Oil/Gas Pay: 10,512 Tubing Depth: 7000

Perforations: 10,512 - 10,516; 10,608 - 10,616 Atoka Depth Casing Shoe: 7000

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	620	555
12-1/4"	9-5/8"	5,290	1,250
8-3/4"	7"	10,250	886
6-1/4"	4-1/2"	11,866	330

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: 1400 MCF Length of Test: 24 hrs. Bbls. Condensate/MMCF: Gravity of Condensate: --

Testing Method (pilot, back pr.): Flowing Tubing Pressure (shut-in): 2481 Casing Pressure (shut-in): -- Choke Size: 12/64

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.

Meelan Knippling

(Signature)

Unit Head

(Title)

11-29-84

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 14 1984, 19

BY ORIGINAL SIGNED BY LARRY BROOKS GEOLOGIST - NMCD

TITLE

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 multiphase completed wells.