

## OIL CONSERVATION DIVISION

Form C-104  
Revised 10-1-78

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SANTA FE	<input checked="" type="checkbox"/>
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OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

RECEIVED BY  
DEC 31 1984P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
O.C.D.  
ARTESIA, OFFICE

I.

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 ☐Casinghead Gas ☐Dry Gas ☐Condensate ☒

Other (Please explain)

Plug Back

Add Tripping

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE R-7875 EFF. 4-16-85

Lease Name	South Carlsbad Gas Comm #4	Well No.	1	Pool Name, including Formation	N. BLACK RIVER - ATOKA Wildcat - Atoka	Kind of Lease	State, Federal or Fee	State	Lease N	L-1649
Location	Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East									L-3390 K340
Line of Section	27	Township	23S	Range	26E	NMPM,	Eddy	County		

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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Permian Corporation Permian (Eff. 9/1/87)	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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Llano, Inc.	Address (Give address to which approved copy of this form is to be sent)	P. O. Drawer 1320, Hobbs, NM 88240		
If well produces oil or liquids, give location of tanks.	Unit G Sec. 27 Twp. 23S Rge. 26E	Is gas actually connected?	Yes	When	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				X		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					
6-1/2"	4-1/2"	11,866	330					

## V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

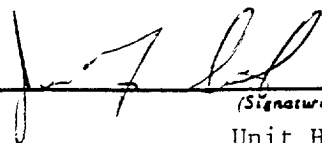
(Test must be after recovery of total volume of load oil and must be equal to or exceed top all  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Post 10-3 1-4-85 Add 1.1.11
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.

(Signature)

Unit Head

(Title)

12-27-84

(Date)

## OIL CONSERVATION DIVISION

APPROVED JAN 4 1985, 19

BY Original Signed By

Mike Williams

TITLE Oil &amp; Gas Inspector

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 deviat  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allo  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owne  
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.