## STATE OF NEW MEXICO

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RGY AND MINERALS D	)EP#	HIL
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DISTRIBUTION		
SANTA PE	1	Щ
FILE	i_	$\mathbf{Z}$
V.S.G.S.	<u> </u>	┝
LAND OFFICE		-
TRANSPORTER OIL	<b>├</b>	Н
GA6	<del> </del>	$\vdash$
OPERATOR	μ_	_

## OIL CONSERVATION DIVISION

P. O. BOX 2088

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RECEIVED

SANTA PE	SANTA FE, NE	W MEXICO 87501	
FILE	<u> </u>	FEB 1 3 1981	
U.S.G.S.	PECHEST FO	R ALLOWABLE	
TRAMPORTER OIL		O. C. D.	
OPERATOR /	AUTHORIZATION TO TRANS	APTEMA DEGLE	
PROBATION OFFICE	<del></del>		
Exxon Corporation V			
Address	1 TV 70700		
Box 1600 Midlan		Other (Please explain)	
Reeson(s) for filing (Check proper box)	Change in Transporter of:	Office () record capitally	
New Well  Recompletion	CIL Dry G	<b></b> → →	
Change in Ownership		insete 🔲	
·			
f change of ownership give name and address of previous owner			
	LEASE 1230 1 6/4/8		
DESCRIPTION OF WELL AND	Well No. Pool Name, including	Formation Kind of Leas	
Laguna Grande linix	Well No. Pool Name, including	en Alla de _ Mix, Federa	NM 19848
l comica			_ East
Unit Letter J: 23	O Feet From The South	ne and 1980 Feet From	The
	02.5		SE Eddy Com
Line of Section 29 Tov	mahip 23-3 Honge	1 5 mm	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G	AS	al annual skin from in on he south
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	neg cobh of twis louw is to be seut)
	20 Sep (27)	Address (Give address to which appro	ved copy of this form is to be sent)
Name of Authorized Transporter of Car	singhead Gas ar Dry Gas (X)	Box 1384, Ja1, NM 882	
El Paso Natural Gas	Unit Sec. Twp. Res.	is one octually connected? Wh	m 2-24-81
If well produces oil or liquids, give location of tanks.		-No 125 11	On or about 2/21/81
If this production is commingled wi	the state from any other lease or pool	give commingling order number:	
If this production is comminged with COMPLETION DATA			Plug Book   Some Res*v. Diff. R
Designate Type of Completic	on - (X)   Oil Well   Gas Well   X	New Well Worksver Deepen	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded 9/7/80	1/20/81	13690	12600
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth 11900
2013 GR	Atoka	, 12104	Depth Casing Shoe
Perforations	ocn —		12725
12104-12116	2SP	D CEMENTING RECORD	1 _ (
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	13 3/8" 40#	202	350 sx.
12 1/4	10 3/4" 40.5, 51	2800	1150 sx.
9 1/2	7 5/8 29.5, 33.7	10730	1555 sx.
6 1/2	5 1/2 liner	Top-10144 Bot-12725	440 sx.
TEST DATA AND REQUEST F		after recovery of total volume of load all depth or be for full 24 hours)	and must be equal to or exceed top
OIL WELL	2 7/8" 6.50# able for this	Producing Method (Flow, pump, gas	ift, etc.)
Date First New Oil Run To Tanks			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			Ggs • MCF
Actual Prod. During Test	Oil - Bbis.	Weter - Bbis-	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bhis. Condensate/MMCF	Gravity of Condensate
4 Pt - See Reverse	4 his.		Chaha Cinc
Testing Method (pitot, back pr.)	Tubing Pressure (Shat-in)	Casing Pressure (Shut-im)	Choke Size  3/44' - 5-7/4"
back pressure	678>		
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	
		APPROVED MAR 0 2	
I hereby certify that the rules and Division have been compiled with		11/11/11	resset
Division have been complied will above is true and complete to the	e best of my knowledge and belief		
		JUPERVISOR, D.	STRICT 1-

2/12/81

S. F. Lowe	
(Signature)	
Sr. Administrator	

(Title)

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 deviat tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able 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 condit Forms C-104 must be filed for each pool in multi 4 Pt. test. SITP 6785. End of 1st rate 3/64" ck, 1" plate TP 6115#, 552 MCF End of 2nd rate 3/64 ck. 1" plate TP 5317, 739 MCF End of 3rd rate 4/64 ck., 1" plate TP 5305, 940 MCF End of 4th rate 5.5/64 ck., 1" plate TP 4700, 1210 MCF 500# back pressure. Not enough fluid to measure.