

OIL CONSERVATION DIVISION

Form C-104
Revised 10-1-70P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASCASINGHEAD GAS MUST NOT BE
FLARED AFTER 7/25/83
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED

I. OPERATOR	
Operator Exxon Corporation	
Address P O Box 1600, Midland, TX 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	
Change in Ownership ☐	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico DI State	Well No. 1	Pool Name, including Formation Wildcat (Delaware)	Kind of Lease <u>State</u> , Federal or Fee	Lease No. 1-654
Location Unit Letter <u>E</u> ; 1880 Feet From The <u>North</u> Line and 660 Feet From The <u>West</u> Line of Section <u>19</u> Township <u>23S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P O Box 1183, Houston, TX 77521					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 19	Twp. 28S	Rge. 26E	Is gas actually connected? Flare	When

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 ☐ Some Restrict. Drill ☐		
Date Spudded 2-21-83	Date Compl. Ready to Prod. 6-9-83	Total Depth 5039	F.S.T.D.
Elevations (DF, RNB, RT, GR, etc.) 3430' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 4690	Tubing Depth
Perforations 4690 - 4848			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	625	350 sx BJ Lite; 200sx C1C
11	8 5/8	1593	717 sx BJ Lite; 200 sx C1C
7 7/8	5 1/2	5027	600 sx Trinity Lite; 200 sx C1C

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)

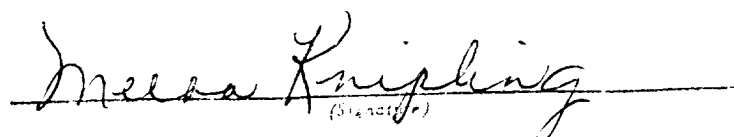
Date First New Oil Run To Tanks 3-14-83	Date of Test 7-16-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr.	Tubing Pressure 240#	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 102	Water - Bbls. 206	Gas - MCF 145

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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

July 21, 1983

OIL CONSERVATION DIVISION

APPROVED JUL 27 1983
Original Signed By
BY Leslie A. Clements
Supervisor District IITITLE _____
This form is to be filed in compliance with Rule 306.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with Rule 311.
All sections of this form must be filled out completely for allowable on new and recompleted wells.This form is to be filed in compliance with Rule 306.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with Rule 311.
All sections of this form must be filled out completely for allowable on new and recompleted wells.