STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

CASINGHEAD GAS MUST NOT BE FLARED AFTER 7/25/83 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

EX 2-648 Intl 7-8-85

JUL 25 1983

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 [X]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
New Mexico DI State	1	Wildcat (Delaware)	State, Federal or Fee	L-654

Location

Unit Letter E : 1880 Feet From The North Line and 660 Feet From The West

Line of Section 19 Township 23S Range 26E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	19	28S	26E	Flare	

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 Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-21-83	6-9-83	5039	
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3430' GR	Delaware	4690	
Perforations			**Depth Casing Shoe**
4690 – 4848			

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 Clc
11	8 5/8	1593	717 sx BJ Lite; 200 sx Clc
7 7/8	5 1/2	5027	600 sx Trinity Lite; 200 sx Clc

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 allowable for this depth or be for full 24 hours)

OIL WELL

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Melissa Knipling
(Signature)

UNIT HEAD
(Title)

July 21, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 27 1983, 19__

Original Signed By
Leslie A. Clements
Supervisor District II

BY _____

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 deviation 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 operator, well name or number, transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.