

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator EXXON CORPORATION	Well API No. 3001525378
Address ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input checked="" type="checkbox"/> Change in Transporter of: ORIGINAL COMPLETION PAPERS INADVERTENTLY NOT FILED WITH NMOC. Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> DHC ORDER NO. R-8218 Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name MARY FEDERAL	Well No. 5	Pool Name, Including Formation SHEEP DRAW / Penn (canyon)	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM 0426782
Location Unit Letter N : 709 Feet From The SOUTH Line and 1829 Feet From The WEST Line Section 11 Township 23S Range 25E , NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> SCURLOCK PERMIAN CORP.	Address (Give address to which approved copy of this form is to be sent) BOX 3119, MIDLAND, TX. 79702-3119					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS CO.	Address (Give address to which approved copy of this form is to be sent) BOX 1492, EL PASO, TX. 79978					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 11	Twp. 23S	Rge. 25E	Is gas actually connected? YES	When? 05/21/91

If this production is commingled with that from any other lease or pool, give commingling order number **R-8218**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 09/12/85	Date Compl. Ready to Prod. 11/23/85		Total Depth 10397		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) KB3860, DF3859,	Name of Producing Formation PENN AND STRAWN		Top Oil/Gas Pay 10349		Tubing Depth 9600			
Perforations 9742-9852 PENN 9916-10349 STRAWN					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26	20"		95		125 SX			
17 1/2	13 3/8		1613		400 SX			
12 1/4	9 5/8		2600		775 SX			
8 1/2	7		10395		1720 SX			

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 allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 11/23/85	Date of Test 06/24/86	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
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 1729	Length of Test 24	Bbls. Condensate/MMCF 11.5	Gravity of Condensate 57
Testing Method (pitot, back pr.) MULTI/ONE PT/BACK	Tubing Pressure (Shut-in) 2080	Casing Pressure (Shut-in) 0	Choke Size 12/64

VI. OPERATOR 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
DON J. BATES ADMINISTRATIVE SPECIALIST
Printed Name
06/15/92 (915) 688-7509
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUN 28 1992**
By **ORIGINAL SIGNED BY
MIKE WILLIAMS**
Title **SUPERVISOR, DISTRICT II**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.