

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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O. C. D.
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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:
Recompletion ☒	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

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 N
Squaw Federal	3	Shades, Sheep Draw - Atoka -	State Federal	NM 0453201
Location	Unit Letter	Foot From The	South Line and	Foot From The
	K	2749	1880	West
Line of Section	1	Township	23S	Range
			25E	NMPM, Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Llano Inc.	P. O. Box 1320, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	Is gas actually connected? When
	NO YES 8-10-87 upon pipeline completion

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.	DUL Ret
		X	X			X		X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9-14-85	7-18-87	11,665	11,150					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
KB-3734 GR-3715	Atoka	10,857	11,042					
Perforations			Depth Casing Shoe					
10,857-10,469								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
26	20	85	250					
17 1/2	13 3/8	1510	2635					
12 1/4	9 5/8	2604	775					
8 1/2	5	11665	2800					

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 oil
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 #0-2
			N-20-87
Length of Test	Tubing Pressure	Casing Pressure	Camp & BR
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
167	4 hrs.	0	N/A
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
Back Press	3180	Pkr	Variable

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.

David A. Murray
Permits Supervisor
8-10-87
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 19 1987
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

This form is to be filed in compliance with Rule 111.
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 allow-
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner
well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple
completed wells.