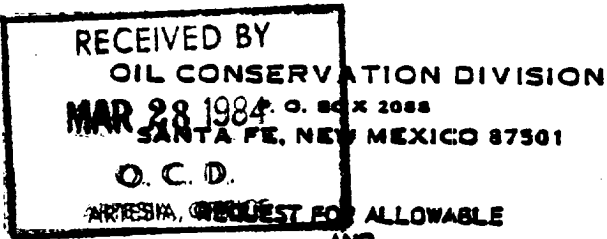


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF TOWNSHIP SECTIONS	
DISTRIBUTION	
SANTA FE	☒
PLS	☒
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	☒
OPERATOR	☒
OPERATION OFFICE	



Form C-104
Revised 10-1-78

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR
Exxon Corporation ✓
Address
P. O. Box 1600, Midland, TX 79702
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter oil ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 5-5-84
IF AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease N
Pioneer Federal	1	Wildcat - Delaware	New Federal 22755K	NM-20965
Location				
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East				
Line of Section 17 Township 26S Range 30E, NMPM, Eddy, Conn.				

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)
The Permian Corporation	P. O. Box 1183, Houston, TX 77001
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. Rng. Is gas actually connected? When
J 17 26S 30E	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 Recv.	Drill Rec
	X		X					
Date Spudded	Date Comm. Ready to Prod.	Total Depth		P.B.T.D.				
11-28-83	2-25-84	7200'						
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
3100' GR	Delaware	6280		6000				
Perforations				Depth Casing Shoe				
6280-6286'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/8"	602		850				
11"	8 5/8"	3520		1350				
7 7/8"	5 1/2"	7200		1250				
	2 7/8"	6000						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead 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.)	
2-25-84	3-17-84	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hr.			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	60	195	74

GAS WELL

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

Maeva Knippling
(Signature)
Unit Head
(Title)
March 27, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 6 5 1984, 19
Original Signed By
BY Ludie A. Clements
TITLE Supervisor District II

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 deviate 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 ownership, well name or number, or transporter, or other such change of completion.
Separate Forms C-104 must be filed for each pool in completed wells.