

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

RECEIVED

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Exxon Corporation
Well API No. 30-015-26087
Address
P.O. Box 1600, Midland, TX 79702
Reason(s) for Filing (Check proper box)
New Well ☒ Other (Please explain)
Recompletion ☐ Change in Transporter of:
Change in Operator ☐ Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐
Request for Testing Allowable for 1700 bbls oil
Perfed Williamson Sand, 5099 - 5052, 28 perfs
If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE
Lease Name Sosa Federal
Well No. 1
Pool Name, Including Formation Undes.Brushy Draw - Delaware
Kind of Lease State, Federal or Fee NM
Lease No. 44532
Location
Unit Letter 0 : 330 Feet From The South Line and 1700 Feet From The East Line
Section 15 Township 26S Range 29E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil Permian Corp. ☒ or Condensate ☐
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas Undesignated ☐ 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 0 Sec. 15 Twp. 26S Rge. 29E
Is gas actually connected? NO 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 Same Res'v Diff Res'v
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 Date of Test Producing Method (Flow, pump, gas lift, etc.)
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 Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

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 Stephen Johnson Administrative Specialist
Printed Name 7-14-89 (915) 688-7548 Title
Date Telephone No.

OIL CONSERVATION DIVISION
Date Approved JUL 17 1989
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.