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

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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
AUG 10 '89

OIL CONSERVATION DIVISION

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

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

Santa Fe		
File		
Transporter	Oil	
Operator	Gas	

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION
ARTESIA, OFFICE TO TRANSPORT OIL AND NATURAL GAS

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 <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator _____	

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 1/15/90
UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sosa Federal	Well No. 1	Pool Name, Including Formation Brushy Draw - Delaware	Kind of Lease State, Federal or Fee	Lease No. NM 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

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil Permian Corp. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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? <input checked="" type="checkbox"/> When? upon facilities const.

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5-8-89	Date Compl. Ready to Prod. 6-17-89	Total Depth 5200	P.B.T.D. 5134					
Elevations (DF, RKB, RT, GR, etc.) GR 2919	Name of Producing Formation Cherry Canyon	Top Oil/Gas Pay 5052	Tubing Depth 4990 (SN)					
Perforations 5052 - 5099			Depth Casing Shoe 5181					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11	8 5/8	410	450					
7 7/8	5 1/2	5181	1690					
	2 7/8	4990	comp + BR					

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 6-17-89	Date of Test 7-31-89	Producing Method (Flow, pump, gas lift, etc.) rod pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 41	Water - Bbls. 140	Gas - MCF 78

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
8-8-89 (915) 688-7548
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 15 1989

By ORIGINAL SIGNED BY

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.