

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

**I. OPERATOR**  
 Exxon Corporation  
 Address  
 P. O. Box 1600, Midland, Texas 79702  
 Reason(s) for filing (Check proper box)  
 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 \_\_\_\_\_  
 THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

**II. DESCRIPTION OF WELL AND LEASE**  
 Lease Name: New Mexico "DD" State  
 Well No.: 3  
 Pool Name, including Formation: Scharb Wolfcamp R-7222  
 Kind of Lease: State, Federal or Private  
 Lease No.: A-4096  
 Location:  
 Unit Letter: B ; 660 Feet From The North Line and 1947' Feet From The East  
 Line of Section: 4 Township: 19S Range: 35E, NMPM, Lea

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil  or Condensate   
 THE PERMIAN CORPORATION P.O. Box 1183 Houston Texas 77001  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
 WARREN PETROLEUM COMPANY P.O. Box 1589 Tulsa OKLA 74102  
 If well produces oil or liquids, give location of tanks. Unit: B Sec: 4 Twp: 19 Rge: 35  
 Is gas actually connected? YES When: 11-17-82

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: 9-9-82 Date Compl. Ready to Prod.: \_\_\_\_\_ Total Depth: 10,800' P.B.T.D.: \_\_\_\_\_  
 Elevations (DF, RKB, RT, GR, etc.): 3906' GR Name of Producing Formation: Wolfcamp Top Oil/Gas Pay: 10,402' Tubing Depth: 10,350'  
 Perforations: Open Hole 10,413'-10,800' Depth Casing Shoe: 10,413'  
**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	410'	350
12 1/4"	8 5/8"	4003'	2750'
7 7/8"	5 1/2"	10,413'	1400
	2 7/8"	10,350'	

**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 Tanks: 12-25-82 Date of Test: 12-25-82 Producing Method (Flow, pump, gas lift, etc.): Pump  
 Length of Test: 24 Tubing Pressure: \_\_\_\_\_ Casing Pressure: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
 Actual Prod. During Test: 30 Oil-Bbls.: 30 Water-Bbls.: \_\_\_\_\_ Gas-MCF: 6

**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. 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.  
 D. H. Lewis  
 Sr. Administrator  
 JAN 6 1983

OIL CONSERVATION DIVISION  
 APPROVED JAN 10 1983  
 DESIGNED BY JIMMY GIBSON  
 DISTRICT 1 SUPR.  
 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 deviat tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for able on new and recompleted wells. Fill out only Sections I, II, III, and VI for change well name or number, or transporter, or other such change o

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JAN 7 1983

D.C.D.  
HOSES OFFICE