

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY
FEB 28 1984
Form C-104
Revised 10-1-78
O. C. D.
ARTESIA, OFFICE

NO. OF COPIES RECEIVED	
DISTRICT NO.	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE
AND
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 of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate
Other (Please explain) CASINGHEAD GAS MUST NOT BE
PLATED AFTER 4-12-84
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	2	Wildcat - Delaware	State Federal or XXX	NM-0453201				
Location	Unit Letter <u>G</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>2240</u> Feet From The <u>East</u>							
Line of Section	13	Township	23S	Range	25E	NMPM	Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Co.	P. O. Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <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	Sec.	Top.	Rep.	Is gas actually connected?	When
	G	13	23S	25E	Flared	

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.	Diff. Res.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
12-22-83	2-2-84	5172						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
GR 3482'	Delaware	4732			4690			
Perforations			Depth Casing Shoe					
4732-4774								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	1325	1250
7 7/8"	5 1/2"	5172	1450
	2 7/8"	4690	

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 all 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.)	
1-19-84	2-11-84	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hr.			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	23	130	111

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (SBWT-LB)	Casing Pressure (SBWT-LB)	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.

Melba Kripling
(Signature)
Unit Head
(Title)
February 27, 1984
(Date)

OIL CONSERVATION DIVISION
APPROVED MAR 1 2 1984, 19
Original Signed By
BY Louis 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 deviated 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 own well name or number, or transporter, or other such change of conc.
Separate Forms C-104 must be filed for each pool in completed wells.