

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

RECEIVED BY
JUN 14 1984
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator Exxon Corporation ✓

Address P.O. Box 1600, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Condensate Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 8-20-84
UNLESS AN EXCEPTION TO
RULE 306 IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE R-7668 E. Avalon

Lease Name	New Mexico DP State	Well No.	5	Pool Name, including Formation	Undesig. Bone Spring	Kind of Lease	Standard Petroleum Fee	Lease N	V-690
Location	Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>28</u> Township <u>20S</u> Range <u>28E</u> , 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"/>	Permian Corporation	Address (Give address to which approved copy of this form is to be sent)	P.O. Box 1183, Houston, Texas 77001
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 <u>A</u> Sec. <u>28</u> Twp. <u>20S</u> Rge. <u>28E</u>	Is gas actually connected?	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Recv. <input type="checkbox"/>	Diff. Rec <input type="checkbox"/>
Date Spudded	3-20-84	Date Compl. Ready to Prod.	4-30-84	Total Depth	5480	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	3215' GR	Name of Producing Formation	Bone Spring	Top Oil/Gas Pay	5310	Tubing Depth	5250'	
Perforations	5310 - 5317'	Depth Casing Shoe						

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	610'	800; 16 yd. Read
11"	8 5/8"	2500'	1220
7 7/8"	5 1/2"	5479'	1490
	2 7/8"	5250'	

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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	4-17-84	Date of Test	5-22-84	Producing Method (Flow, pump, gas lift, etc.)	Pump
Length of Test	24 hr.	Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil - Bbls.	10	Water - Bbls.	17
				Gas - MCF	43

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.

Melba Kripling
Unit Head
(Title)
6-13-84
(Date)

OIL CONSERVATION DIVISION
JUN 20 1984

APPROVED _____, 19____
BY Edna A. Clements
TITLE Supervisor District II

This form is to be filled 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 conditions.

Separate Forms C-104 must be filled for each pool in completed wells.