

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: New Mexico BW State Well No.: 2 Pool Name, including Formation: Undesig. Abo Kind of Lease: State, ~~Undersig.~~ ☒ ~~State~~ Lease No.: E-9089

Location
Unit Letter: F ; 1980 Feet From The North Line and 1980 Feet From The West
Line of Section: 20 Township: 8S Range: 33E, NMPM, Chaves Count:

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)
Mobil Pipeline Company	Box 900, Dallas, TX 75221
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Cities Service Company	Box 300, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks.	Unit: F Sec.: 20 Twp.: 8S Rge.: 33E Is gas actually connected? yes When: 1-1-78

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 type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res. <input type="checkbox"/>		
Date Spudded: 11-27-84	Date Compl. Ready to Prod.: 12-12-84	Total Depth: 9030	P.B.T.D.: 8894
Elevations (DF, RKB, RT, GR, etc.): 4403' RKB	Name of Producing Formation: Abo	Top Oil/Gas Pay: 8162	Tubing Depth: 8271
Perforations: 8162 - 8270			Depth Casing Shoe

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	10-3/4"	399'	375
9-7/8"	7-5/8"	3607'	500
6-3/4"	4-1/2"	9030'	300
	2-3/8"	8271'	

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: 12-13-84	Date of Test: 12-26-84	Producing Method (Flow, pump, gas lift, etc.): Pump	
Length of Test: 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.: 2	Water - Bbls.: 11	Gas - MCF TSTM

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.



(Title)

Unit Head

(Date)

1-10-85

OIL CONSERVATION DIVISION

APPROVED JAN 15 1985, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

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 deviation 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 owner well name or number, or transporter, or other such change of condition.

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

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JAN 14 1985
O.S.D.
HOUSE OFFICE