

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

CO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Exxon Corporation	
Address Box 1600, Midland, TX 79702	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

Other (Please explain): **UNLAWFUL GAS MUST NOT BE EXPORTED 2/1/82 UNLESS AN EXCEPTION TO RULE 111 IS OBTAINED from E. S. S.**

If change of ownership give name
and address of previous ownerTHIS WELL HAS BEEN PLACED IN THE POOL
DETERMINED BY YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wattam Federal	Well No. 2	Pool Name, Including Formation Tomahawk San Andres	Kind of Lease State, Federal or Fee	Lease NJM 1501
Location				
Unit Letter <u>L</u> : 1980 Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>8</u> Township <u>8S</u> Range <u>31E</u> , NMPM, Chaves				

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)					
Koch Oil Company	P.O. Box 1558, Breckenridge, Texas 76024					
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)					
	Flared					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 8	Twp. 8S	Rge. 31E	Is gas actually connected? ---	When ---

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 Res'v. <input type="checkbox"/>	Diff. R. <input type="checkbox"/>
Date Spudded 10-28-81	Date Compl. Ready to Prod. 11-29-81	Total Depth 4298	P.B.T.D. 3897					
Elevations (DF, RKB, RT, GR, etc.) GR 4194	Name of Producing Formation San Andres	Top Oil/Gas Pay 3646	Tubing Depth 3840					
Perforations 3646 - 3798				Depth Casing Shoe 4203				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-3/8"	1330	850 SX
7-7/8"	5-1/2"	4203	1650 SX
	2-7/8" tubing	3840	

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

Date First New Oil Run To Tanks 11-17-81	Date of Test 12-2-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure ----	Casing Pressure ----	Choke Size ----
Actual Prod. During Test 115	Oil - Bbls. 100	Water - Bbls. 15	Gas - MCF not measured

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, 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.

Sr. Administrator

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19

BY _____ Orig. Signed by

Les Clements

TITLE _____ Oil & Gas Insp.

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper
well, this form must be accompanied by a tabulation of the device
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ow
well name or number, or transporter, or other such change of condit

Separate Forms C-104 must be filed for each pool in mult

