

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

I. Operator
Exxon Corporation

Address
P.O. Box 1500, Midland, TX 79702

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please specify)
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	FLAMING WELLS 3/11/82
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	UNUSUAL EXCEPTION TO R-4070
	Dry Gas <input type="checkbox"/>	AS OBTAINED FROM U.S.G.S.
	Condensate <input type="checkbox"/>	

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

THIS WELL HAS BEEN PLACED IN THE POOL _____

IF YOU DO NOT CONCUR _____

NOTIFY THIS OFFICE _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Priest Federal	Well No. 1	Pool Name, including Formation Tomahawk-San Andres	Kind of Lease State, Federal or Free	Lease No. NM-14325
Location Unit Letter <u>E</u> ; <u>1380</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>7</u> Township <u>8-S</u> Range <u>32-E</u> , 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"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558, Breckenridge, TX 76024
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent) Flare
If well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>1</u> Twp. <u>8-S</u> Rge. <u>32-E</u> (Test tank)	Is gas actually connected? <u>---</u> When <u>---</u>

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. Res. <input type="checkbox"/>
Date Spudded 8-12-81	Date Compl. Ready to Prod. 12-30-81	Total Depth 4310	P.B.T.D. 4305					
Elevations (DF, RKB, RT, GR, etc.) 4460 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4081	Tubing Depth 4158					
Perforations 4081 - 4276 (96 shots)			Depth Casing Shoe 4305					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	1804	850 circ
7 7/8	5 1/2	4305	1650 circ
	2 7/8	4158	---

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 8-30-81	Date of Test 12-30-81	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 64	Oil-Bbls. 6	Water-Bbls. 58	Gas-MCF not measured

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.

S. P. Lowe
(Signature)
Sr. Administrator
(Title)
1-11-82
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 10 1982, 19
BY Orig. Signed by
Oil Cons. Div.
TITLE _____

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 deviat. 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 own well name or number, or transporter, or other such change of condiit