

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 10/1/84
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

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. 7	Pool Name, including Formation Undersig. - Chaveroo-San Andres	Kind of Lease State, Federal or Private	Lease No. E-9089
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>8S</u> Range <u>33E</u> , NMPM, Eddy <u>County</u>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipeline Attn: Proration Specialist	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, TX 75221	
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 B	Sec. 21
	Twp. 8S	Rge. 33E
	Is gas actually connected? <u>Flared</u> 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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res't.	Diff. Res.
Date Spudded 6-23-84	Date Compl. Ready to Prod. 7-30-84		Total Depth 4526		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 4373' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 4269		Tubing Depth 4401			
Perforations 4269 - 4300; 4353 - 4402					Depth Casing Shoe 4526			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1766		1150			
7-7/8"	5-1/2		4526		1150			

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 7-30-84	Date of Test 8-7-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 33	Water - Bbls. 80	Gas - MCF 16

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 Knippling
(Signature)

Unit Head

(Title)

August 22, 1984

(Date)

OIL CONSERVATION DIVISION

AUG 28 1984

APPROVED _____, 19

BY Eddie W. SoayTITLE Oil & Gas Inspector

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 deviatk
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allo-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owne
well name or number, or transporter, or other such change of conditioSeparate Forms C-104 must be filed for each pool in multip
completed wells.

RECEIVED

AUG 27 1984

O.C.D.
HOBBS OFFICE