

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

NO. OF COPIES DESIRED	
DISTRIBUTION	
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

Operator  
Exxon Corporation

Address  
P. O. 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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)  
CASINGHEAD GAS MUST NOT BE  
PLACED AFTER 3/1/85  
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 BX State	Well No. 7	Pool Name, including Formation Chaveroo - San Andres	Kind of Lease State, Federal or Other State	Lease No. K-4495
Location Unit Letter <u>F</u> : 1980 Feet From The <u>North</u> Line and 1980 Feet From The <u>West</u> Line of Section <u>16</u> Township <u>8S</u> Range <u>33E</u> , NMPM, Chaves 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"/> Mobil Pipe Line Co.	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 F	Sec. 16	Twp. 8S	Rge. 33E	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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded 10-23-84	Date Compl. Ready to Prod. 11-29-84	Total Depth 4560	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 4401' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4250	Tubing Depth 4200					
Perforations 4250 - 4466'	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	1826	900					
7-7/8"	5"	4554	875					
	2-3/8"	4200						

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 11-20-84	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. 16	Water - Bbls. 89	Gas - MCF 22

## 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)  
1-10-85  
(Date)

## OIL CONSERVATION DIVISION

APPROVED JAN 15 1985  
ORIGINAL SIGNED BY JERRY SEXTON  
BY DISTRICT ENGINEER

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

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

RECEIVED

JAN 14 1985

O.C.C.  
HODGS OFFICE