

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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:		Other (Please explain) Well drilled and tested unsuccessfully. To be P&A'd. It is necessary to remove oil from the lease. (268 Bls.)
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"/>	

If change of ownership give name and address of previous owner N/A

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bondurant Federal	Well No. 1	Pool Name, including Formation Yates, Seven Rivers	Kind of Lease Federal	Lease NM-63368
Location Unit Letter <u>-K</u> : 2310 Feet From The <u>South</u> Line and 1980 Feet From The <u>West</u>				
Line of Section 13 Township 19S Range 32E, NMPM, Lea				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation Permian (Eff. 9/1/80)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001			
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 13	Sec. 19S	Twp. 32E	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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Restv.	Drill Re
Date Spudded 11-29-86	Date Compl. Ready to Prod. N/A	Total Depth 3316	P.B.T.D. 3185					
Elevations (DF, RKB, RT, GR, etc.) Gr.-3632	Name of Producing Formation Yates, Seven Rivers	Top Oil/Gas Pay 3170	Tubing Depth 3134					
Perforations 3170-3178, 3217-3277			Depth Casing Shoe 3315					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	9 5/8	412	250					
7 7/8	4 1/2	3315	280					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.

David A. Murray
(Signature)
David A. Murray, Permits Supervisor
(Title)
2-27-87

OIL CONSERVATION DIVISION

APPROVED _____, 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 deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.

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