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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  
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:	
Recompletion	<input checked="" 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)

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico DD State	Well No. 2	Pool Name, including Formation Undesig. Scharb-Bone Spring	Kind of Lease <u>State</u> , Federal or Fee	Lease N A-4096
Location				
Unit Letter E	1980	Feet From The North	Line and 660	Feet From The West
Line of Section 4	Township 19S	Range 35E	NMPM, Lea	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"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation	P. O. Box 1183, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corporation	P. O. Box 1589, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 4	Twp. 19S	Rge. 35E	Is gas actually connected? Yes	When 10-29-82

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	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res
Date Spudded 3-7-82	Date Compl. Ready to Prod. 5-28-84	Total Depth 10,803'	P.B.T.D. 10,495'					
Elevations (DF, RKB, RT, GR, etc.) 3917' GR	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 9566'	Tubing Depth 9329'					
Perforations 9566' - 9626'	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	440	350					
12-1/4"	8-5/8"	4,025	2,160					
7-7/8"	5-1/2"	10,682	2,695					

## 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 5-29-84	Date of Test 6-2-84	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hr.	Tubing Pressure 105	Casing Pressure	Choke Size 24/64"
Actual Prod. During Test	Oil - Bbls. 236	Water - Bbls. 0	Gas - MCF 459

## 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.

*Michael Knippling*  
(Signature)

Unit Head

(Title)

6-20-84

(Date)

## OIL CONSERVATION DIVISION

APPROVED JUN 25 1984, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT SUPERVISOR

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 multiphase completed wells.

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JUN 22 1984  
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LEGISLATIVE OFFICE