ENERGY AND MINERALS DEPARTMENT

	17123	UCH	HHI
DISTRIBUTION			T-1
SANTA FE		_	
FILE		\vdash	П
U.1.G.1.			М
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROPATION OFFICE			\neg

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

CANO OFFICE	REQUEST FOR ALLOWABLE			
GAS		AND		
PROBATION OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL GA	S ·	
Operator				
Exmon Corporat	ion			
Box 1600, Mid1.	and, TX 79702			
Reason(s) for filing (Check pro	per box;	Other (Please explain)		
New Well X	Change in Transporter of:		GAS MUST NOW BE	
Change in Ownership	~	ry Gas 7/12/82		
		ondensate OPTAINED.	EXCEPTION TO RANG	
If change of ownership give and address of previous ownership	name er	The second second		
. DESCRIPTION OF WELL				
Lease Name	Weil No. Pool Name, Includi	ng Formation Kind of L	egse	
New Mexico DD	2 Scharb		Leas	
Location				
Unit Letter E ;	1980 Feet From The North	Line and 660 Feet Fr	om The West	
Line of Section 4	Township 198 Runge	35E Lea		
		, лмрм,	C	
DESIGNATION OF TRANS Name of Authorized Transporter	PORTER OF OIL AND NATURAL			
The Permian Cor		Address (Give address to which ap	proved copy of this form is to be sent	
Name of Authorized Transporter		P.O. Box 1183, Houst		
		Flare	proved copy of this form is to be sent	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
give location of tanks.				
If this production is commingle	ed with that from any other lease or po-	ol, give commingling order number:		
COMPLETION DATA	Off Well Committee			
Designate Type of Comp	pletion = (X) X Gas well	New Well Workover Deepen	Plug Back Same Res'v. Diff.	
Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.	
3-7-82	5-12-82	10,803	10,790	
Elevations (DF, RKB, RT, GR, e		Top Oll/Gas Pay	Tubing Depth	
3917 GR	Wolfcamp	10,682	10,199	
10,594 - 10,682	(OP 10 632)	-	Depth Casing Shoe	
20,321 20,002		ND CENEVALVE COOL	10,682	
HOLE SIZE	CASING & TUBING SIZE	ND CEMENTING RECORD		
13 3/8	54.5	446	SACKS CEMENT	
8 5/6	24, 32.5#	4023	2160 sx TOC 2500 TS	
5 1/2	15.5、17提	10,382	2694 sx	
TEST DATA AND REQUEST OIL WELL	I FOR ALLOWABLE (Test must be	after recovery of total volume of load oi depth or be for full 24 hours)	l and must be equal to or exceed top :	
Date First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pump, gas i	ift etc.)	
5-12-82	5 - 16 - 82	Flow		
ength of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hour	200	packer	24/64	
406	O11-Bbls. 406	Water - Bbls.	Gas-MCF	
	+00		527	
AS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
ERTIFICATE OF COMPLI	ANCE			
Entificate of Compli	INCE	OIL CONSERVAT	FION DIVISION	
hereby certify that the rules as	nd regulations of the Oil Conservation	APPROVED	1982	
vision have been complied w	ith and that the information given	ORIGINAL LINE	firm to	
ove is true and complete to	the best of my knowledge and belief.	BY		
		TITLE	· · ·	
P n/	/ n/			
The D. Fo	ruels	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep		
(\$1	(natwe)	well, this form must be accompan	nied by a tabulation of the device	
Accountant		tests taken on the well in accor		
5-26-82	Title)	able on new and recompleted we	st be filled out completely for all- lis.	
	(Date)	Fill out only Sections I. II.	. III, and VI for changes of own	
(wait/	well name or number, or transport	er, or other such change of conditi	

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

MAY 23 1987