

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

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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 Exxon Corporation	
Address P.O. Box 1600; Midland, Texas 79702	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Recompletion <input type="checkbox"/>	Coasthead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <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 "CX" State	Well No. 2	Pool Name, including Formation Undesignated Shoe Bar	Kind of Lease State, Permian XX	Lease 24241
Location Unit Letter <u>G</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>2</u> Township <u>17S</u> Range <u>35E</u> , NMPM, Lea				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corporation Permian (Eff. 9/1/87)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183; Houston, Texas 77001			
Name of Authorized Transporter of Coastinghead Gas <input type="checkbox"/> or Permian XX Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. 1589, TULSA, OK 74102			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 2	Twp. 17S	Rge. 35E
	Is gas actually connected? <input checked="" type="checkbox"/> 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Re
		X						
Date Spudded 9-29-82	Date Compl. Ready to Prod. 3-8-83	Total Depth 13125	P.B.T.D. 13075					
Elevations (DF, RKB, RT, GR, etc.) GR - 3952'	Name of Producing Formation Morrow	Top Oil/Gas Pay 12953	Tubing Depth 12884'					
Perforations 12953'-12968'	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	500	525					
11	8 5/8	5016	3400					
7 7/8	5 1/2	13123	2050					
	2 7/8	12884						

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 allowable 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 1000 MCF	Length of Test 24 hrs.	Bbls. Condensate/MMCF 8	Gravity of Condensate 51.2
Testing Method (pilot, back pr.) 4 point	Tubing Pressure (Shut-In) 2750	Casing Pressure (Shut-In)	Choke Size 7/64"

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)

10-26-83

OIL CONSERVATION DIVISION

APPROVED NOV 2 1983, 19BY 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 deepened
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 allow-
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner