

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-----|
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| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

I. Operator
Exxon Corporation
Address
P. O. Box 1600, Midland, TX 79702
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------------|----------|-----------------------------------|------------------------------|-----------|
| Lease Name | Well No. | Pool Name, including Formation | Kind of Lease | Lease N |
| New Mexico "DD" State | 6 | Sharh Bone Springs | State, NEW MEXICO | A-4096 |
| Location | | | | |
| Unit Letter | G | 1980 Feet From The North Line and | 1980 Feet From The East | |
| Line of Section | 4 | Township | 19S | Range |
| | | | 35E | NMPM, Lea |
| | | | | Count |

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) |
| Texas New Mexico Pipeline | P. O. Box 2528, Hobbs, NM 88240 |
| 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 | P. O. Box 1589, Tulsa, OK 74102 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| G 4 19S 35E | Yes 9-5-83 |

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 Res'y. | Diff. Res. |
| | X | | X | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| 2-24-83 | 8-26-83 | 10804 | 10415 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| KB-3924' DF-3923' GR-3902' | Bone Springs | 9266 | 9200 | | | | | |
| Perforations | | | Depth Casing Shoe | | | | | |
| 9266-9635 | | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 17 1/2 | 13 3/8 | 425 | 350 | | | | | |
| 12 1/4 | 9 5/8 | 3998 | 1970 | | | | | |
| 7 7/8 | 5 1/2 | 10798 | 1400 | | | | | |
| | 2 7/8 | 9200 | | | | | | |

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 oil 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.) | |
| 4-11-83 | 9-6-83 | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hrs | | | |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |
| | 229 | 121 | 13 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| | | | |
| Testing Method (pitot, 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.

Edgar Kunkel
(Signature)

Acting Unit Head
(Title)

September 14, 1983
(Date)

OIL CONSERVATION DIVISION
SEP 29 1983

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 deepened well, this form must be accompanied by a tabulation of the deviation 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 conditions.

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