

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.M.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I.

Operator
Exxon Corporation Attn: Melba KnipplingAddress
P. O. Box 1600, Midland, TX 79702

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT
FLARE AFTER 8-1-86
UNLESS AN EXCEPTION TO RULE
IS OBTAINEDIf change of ownership gives name
and address of previous owner
THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico EX State	Well No. 1	Pool Name, including Formation Wildcat Humble City Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No. V-1355
Location Unit Letter A : 330 Feet From The North Line and 660 Feet From The East				
Line of Section 9 Township 17S Range 37E 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"/> Koch Oil Co. of Texas, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3609, Midland, TX 79705					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> J. L. Davis	Address (Give address to which approved copy of this form is to be sent) 211 N. Colorado, Midland, TX 79702					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Resrv. <input type="checkbox"/>	DUAL Re <input type="checkbox"/>
Date Spudded 3-20-86	Date Compl. Ready to Prod. 5-29-86	Total Depth 11,412		P.B.T.D. 10,410				
Elevations (DF, RKB, RT, GR, etc.) GL 3768 KB 3784	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 10,352		Tubing Depth 10,390				
Perforations 10,352-10,376				Depth Casing Shoe 11,412				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17 1/2	13 3/8	462		500 sx ClC				
12 1/4	8 5/8	4198		1700 sx ClC				
7 7/8	5 1/2	11412		1050 sx ClH				

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 5-29-86	Date of Test 6-22-86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 156	Water - Bbls. 16	Gas - MCF 96

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plot, 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.Melba Knippling
(Signature)

Section Head

(Title)

6-27-86

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 1 1986

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 deep
well, this form must be accompanied by a tabulation of the dev
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for al
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ov
well name or number, or transporter, or other such change of concSeparate Forms C-104 must be filed for each pool in mu
completed wells.