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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 type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Condensate 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

<b>Lease Name</b> New Mexico EX State	<b>Well No.</b> 2	<b>Pool Name, including Formation</b> Shipp-Strawn	<b>Kind of Lease</b> State, Federal or Fee	<b>Lease No.</b> V-1355
<b>Location</b> Unit Letter 3 : 330 Feet From The North Line and 1980 Feet From The East				
<b>Line of Section</b> 9 <b>Township</b> 17S <b>Range</b> 37E <b>North</b> <b>Lea</b> <b>Co</b>				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

<b>Name of Authorized Transporter of Oil</b> <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline	<b>Address (Give address to which approved copy of this form is to be sent)</b> P. O. Box 2128 Hobbs, NM
<b>Name of Authorized Transporter of Condensate Gas</b> <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> J. L. Davis Gas Processing	<b>Address (Give address to which approved copy of this form is to be sent)</b> 211 N. Colorado, Midland, TX 79701
<b>If well produces oil or liquids, give location of tanks.</b>	<b>Is gas actually connected?</b> Yes <b>When</b> 4-10-86

If this production is commingled with that from any other lease or pool, give commingling order number:

## IV. COMPLETION DATA

<b>Designate Type of Completion - (X)</b>	<input type="checkbox"/> Oil Well	<input checked="" type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Some Resrv.	<input type="checkbox"/> Drill R
<b>Date Spudded</b>	<b>Date Compl. Ready to Prod.</b>		<b>Total Depth</b>		<b>P.B.T.D.</b>			
<b>Elevations (DF, RKB, RT, GR, etc.)</b>	<b>Name of Producing Formation</b>		<b>Top Oil/Gas Pay</b>		<b>Tubing Depth</b>			
<b>Perforations</b>			<b>Depth Casing Shoe</b>					
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
<b>HOLE SIZE</b>	<b>CASING &amp; TUBING SIZE</b>		<b>DEPTH SET</b>		<b>SACKS CEMENT</b>			

## 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 able for this depth or be for full 24 hours)

<b>Date First New Oil Run To Tanks</b>	<b>Date of Test</b>	<b>Producing Method</b> Flow, pump, gas lift, etc.)	
<b>Length of Test</b>	<b>Tubing Pressure</b>	<b>Casing Pressure</b>	<b>Choke Size</b>
<b>Actual Prod. During Test</b>	<b>Oil - Bbls.</b>	<b>Water - Bbls.</b>	<b>Gas - MCF</b>

## GAS WELL

<b>Actual Prod. Test - MCF/D</b>	<b>Length of Test</b>	<b>Bbls. Condensate/MCF</b>	<b>Gravity of Condensate</b>
<b>Testing Method (plug, back pr.)</b>	<b>Tubing Pressure (Start-In)</b>	<b>Casing Pressure (Start-In)</b>	<b>Choke Size</b>

## 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 Kripling*  
(Signature)

Section Head

(Title)

5-27-86

(Date)

OIL CONSERVATION DIVISION

MAY 29 1986

APPROVED

Original signed by

BY

Paul Kautz

TITLE

Geologist

This form is to be filled in compliance with RULE 1104. If this is a request for allowable for a newly drilled or drilled well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of data.

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