

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Exxon Corporation		Well API No. 30-025-30436
Address P.O. Box 1600, Midland, TX 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <i>share w/312</i>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico K State	Well No. 34	Pool Name, Including Formation Vacuum Glorieta	Kind of Lease State, Federal or Fee	Lease No. A-1320
Location L (BHL) <i>WTR 1378</i> <i>south</i> <i>1234</i> <i>west</i>				
Unit Letter N (SL) : 1286 Feet From The South Line and 1333 Feet From The West Line				
Section 28	Township 17S	Range 35E	, 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"/> Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, TX 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Pembroke, Odessa, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit 32	Sec. 17S
	Twp. 35E	Rge. 12-24-88
	Is gas actually connected? YES	When? 12-24-88

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-23-88	Date Compl. Ready to Prod. 12-24-88		Total Depth 6309		P.B.T.D. 6277			
Elevations (DF, RKB, RT, GR, etc.) KB 3968 GR 3952	Name of Producing Formation Glorieta		Top Oil/Gas Pay 6043		Tubing Depth 6225			
Perforations 6194 - 6245 (CIBP @ 6189), 6043 - 6181					Depth Casing Shoe 6300			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		471'		500 sx CLC			
12 1/4"	8 5/8"		4739'		1200 sx CLH			
7 7/8"	5 1/2"		6300'		350 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 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 12-12-88	Date of Test 12-30-88	Producing Method (Flow, pump, gas lift, etc.) Rod Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 93	Water - Bbls. 48	Gas- MCF 41

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

S. Johnson
Signature
Stephen Johnson Administrative Specialist
Printed Name
1-9-88 (915) 688-7548
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 13 1989**
By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.