

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. 3002531812
Address ATTN: REGULATORY AFFAIRS 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 checked="" 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name EUMONT GAS COM NO. 1	Well No. 4	Pool Name, Including Formation Eumont 7 RVRS GN (PRO GAS)	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter D : 1191 Feet From The NORTH Line and 674 Feet From The WEST Line				
Section 4 Township 20S Range 37E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> NO LIQUID PRODUCTION	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> SID RICHARDSON GASOLINE CO.	Address (Give address to which approved copy of this form is to be sent) 201 MAIN ST., FT. WORTH, TX 76102			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected? YES		When? 3-29-93		

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'v	Diff Res'v
			X	X					
Date Spudded 02/26/93	Date Compl. Ready to Prod. 03/23/93	Total Depth 3650'		P.B.T.D. 3643'					
Elevations (DF, RKB, RT, GR, etc.) 3560 GR	Name of Producing Formation 7 RVRS, QUEEN	Top Oil/Gas Pay 3334'		Tubing Depth 3315'					
Perforations 3334'-3577'				Depth Casing Shoe 3643'					
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	8 5/8		396		360 SKS				
7 7/8	4 1/2		3643		960 SKS				

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.)

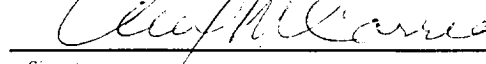
Date First New Oil Run To Tank 03/23/93	Date of Test 03/24/93	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas-MCF

GAS WELL

Actual Prod Test - MCF/D 549	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 64/64

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.


Signature
Alex M. Correa SR. REGULATORY SPECIALIST
Printed Name Title
03/31/93 (915) 688-6782
Date Telephone No.

OIL CONSERVATION DIVISION

APR 06 1993

Date Approved _____
Orig. Signed by
By **Paul Kanta**
Geologist
Title _____

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

- 1) Request for allowable for newly drilled or deepend 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.

RECEIVED

APR 05 1993

OCD HOBBS OFFICE