Submit 5 copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-194 Revised 1-1-89 See Instructions at Bottom of Page

Operator

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

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

**OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

EXXON CORPORATION					3002531813	
P. O. BOX 1	ATORY AFFA:	IRS				
MIDLAND, TX Reason(s) for Filing (Check proper box	79702		Other (B	da		
New Weil		Transporter of:	U Other   P	lease explain)		
Recompletion	Oil	Dry Gas 🗶			•	
Change in Operator	Casinghead Gas	Condensate .				
If change of operator give name and address of previous operator					<del></del>	
II. DESCRIPTION OF	WELL AND I	FASE			· · · · · · · · · · · · · · · · · · ·	
Lease Name Well No. Pool Name, Includir			uding Formation	Kind of Leas State, Federa		
Location	5	7 RVRS QN	(PRO GAS)	FEE	1 or ree	
_	660		COUTH	0/0		
Unit Letter	:	Feet From The	SOUTH Line and	960 Feet Fro	om The EAST Line	
Section 4 Town	ship 20S	Range 37E	, NMPM	· •	<b>LEA</b> County	
III DESIGNATION OF	TDANCDODT	ED OF OU	ANIÒ NIATTIDAT	C 4 C		
III. DESIGNATION OF Name of Authorized Transporter of Oil NONE	or Co	ndensate	Address (Give address	GAS to which approved copy o	f this form is to be sent)	
Name of Authorized Transporter of Ca	singhead Gas	or Dry Gas X	Address (Give address	to which approved conv.o.	f this form is to be cent!	
SID RICHARDSON G	, <u> </u>	201 MAIN S	Address (Give address to which approved copy of this form is to be sent) 201 MAIN STREET. FT. WORTH TEXAS 76102			
If well produces oil or liquids, give location of tanks.	Unit Sec.	Гwp. Rge.	is gas actually connecte	•	03	
			₩ yes	06/0	4/93	
If this production is commingled with th IV. COMPLETION DAT	iat from any other lease ΓΑ	or pool, give commi	ngling order number	<del></del>		
Designate Type of Compl	Oil V		New Well Workove	r Deepen Plus	Back Same Res'v Diff Res'v	
	<u>`</u>	; ×	X	<u>i</u>	11	
Date Spudded 05/14/93	Date Compl. Ready to Prod. 05/30/93		Total Depth 3706		T.D. <b>648</b>	
Elevations (DF, RKB, RT, GR, etc.) 3548GL, 3460KB	ns (DF, RKB, RT, GR, etc.) Name of Producing Formation QUEEN			Top Oil/Gas Pay Tubing Depth 3350		
Perforations 3386 TO 3623			Depth Casing Shoe			
	TUBINO	G. CASING AT	ND CEMENTING			
HOLE SIZE		CASING & TUBING SIZE		SET	SACKS CEMENT	
12 1/4	8	8 5/8		42	420 SX	
7 7/8	4 1/2		3699	9 10	1055SX	
V. TEST DATA AND RE	OUEST FOR	ALLOWARI	F			
OIL WELL (Test must be after Date First New Oil Run To Tank				Daniella Constant d	1 0 0 11 0 4 1	
Date First New Oil Run To Tank	Date of Test	ne oj ioua on una ina	Producing Method (Fl	ow, pump, gas lift, etc.)	be for full 24 hours.)	
L. C.T.	J					
Length of Test	Tubing Pressure		Casing Pressure	Chol	ke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Gas	MCF	
				-		
CACAVELL		-				
GAS WELL Actual Prod Test - MCF/D	Length of Test		Bbls. Condensate/MMC	F Gra	vity of Condensate	
500	24	24		, oran	ny or condensate	
Testing Method (pitot, back ρr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-	,	ke Size 8/64	
I. OPERATOR CERTII	FICATE OF C	OMPLIANC	E O	IL CONSERVA	TION DIVISION	
I hereby certify that the rules and regu	llations of the Oil Cons	ervation		E CONODICY	TION DIVISION	
Division have been complied with and true and complete to the best of my kr	I that the information gi	iven above is		41111	1000	
Mars 1 7	Jan Jan		Date Appro	ved JUN 11	1993	
Signature	Sister					
Sharon B. Timlin Sr.Staff Office Assistant				Orig. Signed by		
Printed Name Title			1	Paul Kautz		
06/07/93	(915)	688-6166		Geo	ologist	
Date	Те	elephone No.				

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.