

DISTRICT II
P.O. Drawer DD, Artesia, NM 88211

DISTRICT III
P.O. Rio Pecos Rd., Aztec, NM 87412

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator EXXON CORPORATION	Well APIN 3002506299
Address ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702	
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: ☐ Recompletion ☐ Oil ☐ Dry Gas ☒ GAS TRANSPORTER CHANGE EFFECTIVE 11/1/91 Change in Operator ☐ Casinghead Gas ☐ Condensate ☐	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name EXXON AGGIES STATE	Well No. 4	Pool Name, Including Formation EUMONT GAS	Kind of Lease State, Federal or Fee STATE	Lease No. B-935
Location Unit Letter F Section 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 31 Township 20-S Range 37-E NMPM LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ NO LIQUID PRODUCTION	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ SID RICHARDSON CARBON & 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? 11-1-91

If this production is commingled with that from any other lease or pool, give commingling order number **N/A**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (D.F., RKB, RL, GR, etc.)	Name of Producing Formation		Test Oil Gas Pass		Tubing Depth			
Perforations		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Date of Test	Producing Method (Flow pump, gas lift, etc.)	
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	Length of Test	Bbls. Condensate MMCF	Gravity of Condensate
Testing Method (spot/drawdown prod.)	Tubing Pressure (Static)	Casing Pressure (Static)	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.

Signature
Don J. Bates Administrative Specialist
Printed Name
01/14/92 (915) 688-7119
Date Telephone No.

OIL CONSERVATION DIVISION

JAN 17 '92

Date Approved
By **Paul Kautz**
Title **Geologist**

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.