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

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

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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATIO	N
TO TRANSPORT OIL AND NATURAL GAS	

Operator				Well AP	I No.		
EXXON CORPO					30025	506811	
ATTN: REGULA P. O. BOX 10	ATORY AFFAI	RS					
MIDLAND, TX	<u></u>						
Reason(s) for Filing (Check proper box New Well			Other (Please	explain}			
Recompletion	· · · · · ·	ransporter of: Dry Gas			RTED BY TEXAC	D	
Change in Operator	Casinghead Gas 🔀	· _	PRODUCING				
If change of operator give name				LURRELI C	104 DATED 01/	14/92.	
and address of previous operator							
II, DESCRIPTION OF V	WELL AND LE	ASE					
Lease Name	Well No.	Pool Name, Includin	g Formation	Kind of		Lease No.	
F F HARDISON B	81	DRINKARD GAS		FEE	ederal or Fee		
Location	,						
Unit Letter I	<u> </u>	_ Feet From The	OUTH Line and 6	60 Fee	t From The	EAST Line	
Section 27 Town	ship 21-S	Range 37-E	, NMPM,		LEA	County	
<u> </u>							
III. DESIGNATION OF	TRANSPORTI	<u>ER OF OIL AN</u>	ID NATURAL GA	IS			
Name of Authorized Transporter of Oil TEXAS-NEW MEXICO		densate X	Address (Give address to w BOX 42130, H				
Name of Authonized Francoorter of Ca		or Dry Gas				242-2130	
TEXACO PRODUCTING	INC.	or Dry Gas	Address (Give address to w P. O. BOX 11	.37 , EUN	ppy of this form is to	be sent) 88231	
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually connected?	When?			
give location of tanks.	P 27	21-5 37-6	YES	11	/01/91		
If this production is commingled with the		r pool, give comminglin	ng order number PC-26	8			
IV. COMPLETION DAT	ΓA ^I oii We	ell Gas Well					
Designate Type of Compl	letion - (X)		New Well Workover	Deepen	Plug Back Same	e Res'v Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		P.B.T.D.		
с.							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing Shoe		
	TUDING	OLONIO LND	OF ALL OF A				
			CEMENTING RE	· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE	CASING &	TUBING SIZE	DEPTH SI	ET	SACK	S CEMENT	
					····		
····					<u> </u>		
						· ·	
V. TEST DATA AND RI	EOUEST FOR A	ALLOWABLE	"I <u></u>				
OIL WELL (Test must be aft	•		e equal to or errord top allo	wahla far this da	not as he for full 21	having 1	
Date First New Oil Run To Tank	Date of Test	e of food of the mast o	Producing Method (Flow,	pump, gas lift, o	etc.)	nours.)	
Length of Test	Tubing Pressure		Casing Pressure	· · · ·	Choke Size	·	
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas-MCF		
CAS WELL							
GAS WELL	Length of Test		Bbls. Condensate/MMCF		Gravity of Cond	cote	
	Songui or reat		Solution Condensate MIMICF		Gravity of Conden	2015	
Testing Method (pitot, back pr.)	Tubing Pressure (Sh	ut-in)	Casing Pressure (Shut-in)		Choke Size	· · · · · · · · · · · · · · · · · · ·	
VI. OPERATOR CERTI	FICATE OF CO	OMPLIANCE	OIL	CONSER	VATION D	IVISION	
I hereby certify that the rules and reg					A z .		
Division have been complied with ar true and complete to the best of my				2.6 .92			
			Date Approve	d	3111 \ 1		
- Langer	nu		D	Conside Pr			
Signature	ا - بر ان مراجع ان مراجع ا	ive Createlist	By Stream	STAPHED BY	F JERRY SEXTC Representation	2N	
Don J. Bates	Acministrat	: ive Specialis t Title	Title		30.3 J - J - J K		
05/21/92	(915)	688-7119	1 me				
Date		lephone No.					
INCTRUCTIONS TH							

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.

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OIL CONSERVAT	TION DIVISION
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P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DECUEST	EOD	ALLOWADLE		AUTHODIZATION
REQUEST	LOK	ALLOWABLE	AND	AUTHORIZATION

Operator]	<u>FO TR</u>	ANSPOR	T OIL	AND NA	TURAL		ell API No.		
EXXON CORPORA	TORY A	FFAI	RS						2506811	
P. O. BOX 16 MIDLAND, TX										
Reason(s) for Filing (Check proper box)						Other (Please	e explain)			
			ransporter of:			DHC-777 G	GAS TRA	NSPORTED BY TEX	ACO	
Recompletion	Oil		Dry Gas			PRODUCING				
Change in Operator	Casinghead	Gas 🛃	Condensate	_		FILED TO		T C-104 DATED O	1/14/92.	
change of operator give name ad address of previous operator										
I. DESCRIPTION OF W	ELL AN		ASE Pool Name,	Including	Formation		IK	ind of Lease		
F F HARDISON B		81/1 HO.	BLINEBR					ate, Federal or Fee	ederal or Fee	
Cocation	_ :1	980	_ Feet From 1	The S	DUTH L	ne and6	60	Feet From The	EAST Li	
Section 27 Townsh	ip 21- S		Range 3	<u> 37-е</u>		<u>, NMPM, </u>		LEA	Count	
II. DESIGNATION OF 1	FRANSP	ORTI	FR OF O	II AN	'D NATI	IRAL C	45		······································	
Name of Authorized Transporter of Oil TEXAS-NEW MEXICO		or Con	densate X		Address (Give address to which approved copy of this form is to be sent) BOX 42130, HOUSTON, TX. 77242-2130					
ame of Authorized Toinspoter of Casir TEXACO PRODUCENS	nghead Gas E INC .	×.	or Dry Gas 🔰	4	Address (Gi P. O.	re address to w BOX 11	which appro	oved copy of this form i EUNICE, NM	s to be sent) . 88231	
f well produces oil or liquids, ive location of tanks.		Sec. 27	¹ Twp. 1	Rge.	ls gas actuai	ly connected?		^{/hen?} 11/01/91		
f this production is commingled with that	. L.'					PC-26	L	11/01/91		
V. COMPLETION DAT		Oil We				Workover	Deepe	n Plug Back S		
Designate Type of Comple	tion - (X)		I		I I		I I		ame Res'v Diff Ro	
Date Spudded	Date Comp	ol. Ready	to Prod.		Total Depth			P.B.T.D.	<u> </u>	
levations (DF, RKB, RT, GR, etc.)	Name of P	roducing	Formation		Top Oil/Gas Pay			Tubing Depth	Tubing Depth	
Perforations					£			Depth Casing S	hoe	
	ΤL	BING	, CASING	AND	CEMEN	TING RE	CORI	 >		
HOLE SIZE	CA	SING &	TUBING SI	IZE		DEPTH SI	ET	SAC	CKS CEMENT	
									······································	
/. TEST DATA AND REG	QUEST	FOR A	ALLOWA	BLE						
DIL WELL (Test must be after	- recovery of to	tal volum	e of load oil an	nd must be	equal to or e	xceed top allo	wable for	this denth or he for full	24 hours	
Date First New Oil Run To Tank	Date of Te	st			Producing N	lethod (Flow,	, pump, ga	s lift, etc.)		
ength of Test	Tubing Pro	ssure			Casing Pressure		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.		<u> </u>		Water - Bbls.		Gas-MCF	Gas-MCE		
	Oil - Bbls.			** a.c.i * DUIS.						
GAS WELL										
Actual Prod Test - MCF/D	Length of 7	Fest			Bbls. Condensate/MMCF		Gravity of Con	Gravity of Condensate		
festing Method (pitot, back pr.)	Tubing Pre	essure (Sh	ut-in)		Casing Press	ure (Shut-in))	Choke Size		
VI. OPERATOR CERTIF	ICATE	OF CO	OMPLIA	NCE		OIL	, CON	SERVATION	DIVISION	
I hereby certify that the rules and regul	ations of the	Oil Conse	rvation			_				
Division have been complied with and true and comprete to the best of my know			ven above is					MAY 2	6 '92	
					Date	e Approve	d			
- LANET	al			<u> </u>		•••				
Signature					By_			VID BY JERRY ST		
Don J. Bates	Admir	nistrat	ive Specia	<u>alis</u> t			· 5	10.03%20.42%	-	
Printed Name	-	A 1 = -	Title	110	Title	;				
05/21/92 Date	(688-71	112						
		1 e.	lephone No.	_	I					
INSTRUCTIONS: This										
1) Request for allowable for						companied	1			
by tabulation of deviation	tests take	n in aco	cordance w	vith Ru	le 111.					

2) All sections of this form must be filled out for allowable on new and recompleted wells.

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