

DISTRICT I  
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

Operator <b>EXXON CORPORATION</b>	Well API No. <b>3002507008</b>
Address <b>ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702</b>	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: <b>RE CLASS</b> <i>From Oil to Gas</i> 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 checked="" type="checkbox"/>	
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>F F HARDISON B</b>	Well No. <b>1U</b>	Pool Name, Including Formation <b>BLINEBRY (PRO GAS) (CONSOLIDATED)</b>	Kind of Lease State, Federal or Fee <b>FEE</b>	Lease No. <b>FEE</b>
Location Unit Letter <b>H</b> : <b>1980</b> Feet From The <b>NORTH</b> Line and <b>440</b> Feet From The <b>EAST</b> Line Section <b>34</b> Township <b>21S</b> Range <b>37E</b> , NMPM. <b>LEA</b> 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"/> <b>TEXAS NEW MEXICO PIPELINE</b>	Address (Give address to which approved copy of this form is to be sent) <b>BOX 42130, HOUSTON, TEXAS 77242-2130</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>TEXACO E&amp;P INC.</b>	Address (Give address to which approved copy of this form is to be sent) <b>BOX 1137, EUNICE, NM 88231</b>
If well produces oil or liquids, give location of tanks. <input checked="" type="checkbox"/> Unit <b>27</b> Sec. <b>21</b> Twp. <b>34E</b>	Is gas actually connected? <b>YES</b> When? <b>10/30/92</b>

If this production is commingled with that from any other lease or pool, give commingling order number **PC-268**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <b>09/16/92</b>	Date Compl. Ready to Prod. <b>10/12/92</b>		Total Depth <b>6572</b>		P.B.T.D. <b>6155</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>DF 3395</b>	Name of Producing Formation <b>BLINEBRY</b>		Top Oil/Gas Pay <b>5818</b>		Tubing Depth <b>5617</b>			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>15</b>	<b>13 3/8</b>		<b>369</b>		<b>400 SX</b>			
<b>10</b>	<b>9 5/8</b>		<b>2806</b>		<b>2150 SX</b>			
<b>6 3/4</b>	<b>5 1/2</b>		<b>6571</b>					

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 <b>11/12/93</b>	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 <b>407</b>	Length of Test <b>24</b>	Bbls. Condensate MMCF <b>6.0</b>	Gravity of Condensate
Testing Method (pitot, back pr.) <b>PUMPING</b>	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.

*Sharon B. Timlin*  
Signature  
**Sharon B. Timlin** Sr. Staff Office Assistant  
Printed Name Title  
**01/06/94** (915) 688-6166  
Date Telephone No.

OIL CONSERVATION DIVISION

JAN 11 1994

Date Approved \_\_\_\_\_  
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.