

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. 3002507008
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 type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" 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 F F HARDISON B	Well No. 10	Pool Name, Including Formation BLINEBRY OIL	Kind of Lease State, Federal or Fee FEE	Lease No. FEE
Location				
Unit Letter H : 1980 Feet From The NORTH Line and 440 Feet From The EASE Line				
Section 34 Township 21S Range 37E , NMPM, LEA 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"/>	Address (Give address to which approved copy of this form is to be sent) TEXAS NEW MEXICO PIPELINE CO. BOX 42130, HOUSTON, TEXAS 77242-2130	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) TEXACO E&P INC P.O. BOX 1137, EUNICE , NM 88231	
If well produces oil or liquids, give location of tanks.	Unit <input checked="" type="checkbox"/> Sec. 27 Twp. 21S Rge. 34E	Is gas actually connected? YES When? 10/30/92

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input checked="" type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input checked="" type="checkbox"/> Diff Res'v
Date Spudded 09/16/92	Date Compl. Ready to Prod. 10/12/92		Total Depth 6572		P.B.T.D. 6155			
Elevations (DF, RKB, RT, GR, etc.) DF 3395	Name of Producing Formation BLINEBRY		Top Oil/Gas Pay 5818		Tubing Depth 5617			
Perforations 5818 TO 5696					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15	13 3/8		369		400 SX			
10	9 5/8		2806		2150 SX			
6 3/4	5 1/2		6571					

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 10/12/92	Date of Test 10/15/92	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 22	Water - Bbls. 1	Gas-MCF 117

GAS WELL

Actual Prod Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	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

11/17/92 **(915) 688-6166**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 24 '92**

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 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.