

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

I.

Operator <b>EXXON CORPORATION</b>	Well API No. <b>3002504826</b>
Address <b>ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702</b>	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> <b>ADD PERFS AND FRAC</b> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <b>CORRECTED</b>	
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>EUMONT GAS COM 2</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>EUMONT YATES 7 RVRS QN (PRO GAS)</b>	Kind of Lease State, Federal or Fee <b>STATE</b>	Lease No. <b>B 935</b>
Location Unit Letter <b>N</b> : <b>660</b> Feet From The <b>SOUTH</b> Line and <b>1980</b> Feet From The <b>WEST</b> Line Section <b>29</b> Township <b>21S</b> Range <b>36E</b> , NMPM, <b>LEA</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>NONE</b>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>SID RICHARDSON CARBON &amp; GASOLINE CO</b>	Address (Give address to which approved copy of this form is to be sent) <b>201 MAIN ST. FT. WORTH, TEXAS 76102</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <b>YES</b>	When? <b>4/18/94</b>

If this production is commingled with that from any other lease or pool, give commingling order number \_\_\_\_\_

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 <b>01/13/94</b>	Date Compl. Ready to Prod. <b>01/29/94</b>		Total Depth <b>3990</b>		P.B.T.D. <b>3551</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3620 GR</b>	Name of Producing Formation <b>YATES, 7 RIVERS QUEEN</b>		Top Oil/Gas Pay		Tubing Depth <b>3872</b>			
Perforations <b>3628-3640 3192-3492</b>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	<b>8 5/8</b>		<b>311</b>		<b>200 SX</b>			
	<b>5 1/2</b>		<b>3990</b>		<b>1800 SX</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	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 <b>510</b>	Length of Test <b>8</b>	Bbls. Condensate/MMCF <b>0</b>	Gravity of Condensate
Testing Method (pitot, back pr.) <b>FLOWING</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  
**07/12/94** (915) 688-6166  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUL 18 1994**

By \_\_\_\_\_

ORIGINAL SIGNED BY JERRY GEXTON  
Title **DISTRICT I SUPERVISOR**

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.