

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

I.	
Operator Exxon Corp.	Well API No. 30-025-06467
Address P.O. Box 1600, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Oil <input type="checkbox"/> Condensate <input type="checkbox"/> Casinghead Gas	
If change of operator give name and address of previous operator	
Casinghead Gas MUST NOT BE FLARED AFTER <u>3-2-92</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "V" State	Well No. 5	Pool Name, Including Formation Wantz Abo	Kind of Lease State, Federal or Fee	Lease No. State
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> <u>810</u> Line and <u>West</u> <u>810</u> Feet From The <u>West</u> Line Section <u>10</u> Township <u>21S</u> Range <u>37E</u> , 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"/> Shell Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 2648, Houston, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Expl & Prod Inc.	Address (Give address to which approved copy of this form is to be sent) Eunice, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec <u>10</u>	Twp <u>21S</u>	Rge <u>37E</u>	Is gas actually connected?	When ?

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 9-26-90	Date Compl. Ready to Prod. 11-4-91		Total Depth 8403		P.B.T.D. 7700			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Wantz Abo		Top Oil/Gas Pay		Tubing Depth 7338			
Perforations 6891-7230'					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	12-3/4	329	400
11	8-5/8	3100	1000
6-3/4	5-1/2	8403	450

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 11-11-91	Date of Test 12-13-91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 15.3	Water - Bbls. 32	Gas- MCF 70

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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
1-6-92
Date
915-688-7509
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 09 '92

By JOHN L. SHARP, JR. 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.