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U.S.D.C.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator  
Exxon Corporation

Address  
P. O. Box 1600, Midland, TX 79702

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)  
Update information.  
Well has been shut in for extended period of time.

If change of ownership give name and address of previous owner  
*Donahoe Commingled*  
*DHC 591*

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "V" State	Well No. 6	Pool Name, including Formation Blinbry-Drinkard	Kind of Lease State, <del>Fixed</del> <del>Fixed</del>	Lease B-935
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>10</u> Township <u>21S</u> Range <u>37E</u> , NMPM. LEA				

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 Corporation	Address (Give address to which approved copy of this form is to be sent) Box 2648, Houston, TX 77252
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Producing Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1270, 500 N. Loraine, Midland, TX 79702
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? <u>yes</u> When Contracted <u>1-23-84</u>

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-591

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. F.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

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 of hole for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

*Janet L. Schaumburg*  
(Signature)  
Janet L. Schaumburg, Permits Supervisor  
(Title)  
September 29, 1986

OIL CONSERVATION DIVISION  
APPROVED OCT 9 1986, 19  
BY Donahoe Commingled  
TITLE Donahoe Commingled

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of ownership, name or number, or transporter, or other such change of conditions.

RECORDED  
OCT 1 1986  
FBI - LOS ANGELES