

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

Operator EXXON CORPORATION	Well API No. 3002506471
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 type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

**THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEW MEXICO V STATE	Well No. 9	Pool Name, Including Formation PENROSE SKELLY, GRAYBURG	Kind of Lease State, Federal or Fee STATE	Lease No. B-935
Location Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line Section 10 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"/> SHELL PIPELINE CORP	Address (Give address to which approved copy of this form is to be sent) 1609 MAIN, EUNICE, NM 88231					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO E&P INC	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1137, EUNICE, NM 88231					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 10	Twp. 21S	Rge. 37E	Is gas actually connected? YES	When? 11/90

If this production is commingled with that from any other lease or pool, give commingling order number **R 1834**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 08/30/93	Date Compl. Ready to Prod. 11/09/93		Total Depth 8240		P.B.T.D. 4465			
Elevations (DF, RKB, RT, GR, etc.) 3466 DF	Name of Producing Formation GRAYBURG		Top Oil/Gas Pay 3985		Tubing Depth 3725			
Perforations 3962 -3985						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 15	CASING & TUBING SIZE 10 3/4		DEPTH SET 329		SACKS CEMENT 375 SX			
9 7/8	7 5/8		3079		1100 SX			
6 3/4	5 1/2		8240		450 SX			

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 11/09/93	Date of Test 12/10/93	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 29.2	Water - Bbls. 44	Gas-MCF 71.4

GAS WELL

Actual Prod Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 31.9
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
Printed Name

Sr. Staff Office Assistant
Title

12/27/93
Date

(915) 688-6166
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 04 1994**

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.

2A Want 2 ABC

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