

**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 <b>EXXON CORPORATION</b>	Well API No. <b>3002520702</b>
Address <b>ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702</b>	
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 checked="" 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 \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>A J ADKINS COM</b>	Well No. <b>10</b>	Pool Name, Including Formation <b>EUMONT YATES 7 RIVERS QUEEN</b>	Kind of Lease State, Federal or Fee <b>FEE</b>	Lease No. <b>FEE</b>
Location Unit Letter <b>M</b> : <b>990</b> Feet From The <b>SOUTH</b> Line and <b>990</b> Feet From The <b>WEST</b> Line Section <b>10</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>NO LIQUID PRODUCTION</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 <b>M</b>	Sec. <b>10</b>	Twp. <b>21S</b>	Rge. <b>36E</b>	Is gas actually connected? <b>YES</b>	When? <b>5-30-92</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 <input type="checkbox"/>	Gas Well <input checked="" 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 type="checkbox"/>
Date Spudded <b>05/04/92</b>	Date Compl. Ready to Prod. <b>05/30/92</b>		Total Depth <b>6010</b>		P.B.T.D. <b>5800</b>			
Elevations (DE, RKB, RT, GR, etc.) <b>3700</b>	Name of Producing Formation <b>QUEEN</b>		Top Oil/Gas Pay		Tubing Depth <b>3346</b>			
Perforations <b>3397 TO 3591</b>						Depth Casing Shoe		
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>9 7/8</b>	<b>7 5/8</b>		<b>1413</b>		<b>450 SX</b>			
<b>6 3/4</b>	<b>4 1/2</b>		<b>6010</b>		<b>600 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 <b>05/15/92</b>	Date of Test <b>06/07/92</b>	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>511</b>	Length of Test <b>24</b>	Bbls. Condensate/MMCF <b>0</b>	Gravity of Condensate
Testing Method (pitot, back pr.) <b>FLOWING</b>	Tubing Pressure (Shut-in) <b>135</b>	Casing Pressure (Shut-in)	Choke Size <b>19/64</b>

**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.

  
Signature  
**Sharon B. Timlin** Sr. staff office assistant  
Printed Name Title  
**06/23/92** (915) 688-7509  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved \_\_\_\_\_  
By \_\_\_\_\_  
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.