## STATE OF NEW MEXICO

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ENERGY	ANO	MINERALS	DEPARTMEN'	T

w 10000 M1			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.U.S.			
LANG OFFICE			
THAMSPORTER	DIL		
	948		
OPERATOR.			
			$\neg$

## OIL CONSERVATION DIVISION P. O. SOX 2088 SANTA FE, NEW MEXICO 87501

	9.8.48.								
•	REQUEST FOR ALLOWABLE								
AND									
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
	Operator								
	Exxon Corporation								
	P. O. Box 1600, Midland, TX 79702								
	Reason(s) for filing (Check proper b	11dland, TX 79702	Other (Please explain)						
	New Well	Change to Transporter of:		-					
	Recompletion	Out Dry	Cos   Approval to flare	casinghead gas from					
	Change in Ownership	Casinghood Gas 🔲 Cand	this well must be	obtained from the					
	We share of companies size and	IS WELL HAS BEEN PLACED IN THE	HE POOL	ment Service B.F. 17!					
	and address of bearious owner NO	SIGNATED BELOW. IF YOU DO NO	T CONCUR						
_									
n.	DESCRIPTION OF WELL AND	Well No.   Poel Name, Including	Fermation   Kind of Le						
	Wantz Federal			Federal LC-065455					
	Lecuien	y z wantz-Abo ).	X2:17 9-7-86-   Call	Federal LQ-065455					
	Unit Letter 0 : 31	00 Foot From The S	2180	E					
			, est } is	186					
	Line of Section 1 7	comphip 21S Range	37E , NMPM,	Lea Count					
ш.	Neze of Authorized Transporter of O	RTER OF OIL AND NATURAL G		roved copy of this form is to be sent!					
	1	<del>-</del>		•					
	Name of Authorized Transporter of C	Transporation	Address (Give address to which app	and TX 79711  proved copy of this form is to be sens;					
	Warren Petroleum		Box 1589, Tulsa, OK						
	If well produces oil or liquida.	Unit Sec. Twp. Ree.	Is gas actually connected?	When					
	give location of tenks.	1 1							
	If this production is commingled w	rith that from any other lease or pool	, give commingling order number:						
IV.	COMPLETION DATA	Oli Well Gas Well	New Well   Warkover   Deepen						
	Designate Type of Complete	ion – (X) X	New Well Workover Deepen	Plug Botz Some Res'v. Diff. Rez					
	Deta Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	4-30-86	5-27-86	7816						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth					
	3541' GR	Abo ·	7098	7376					
	Perforetions	•		Depth Casing Shoe					
	7098-7745								
	HOLE SIZE	TUBING, CASING, AN	ID CEMENTING RECORD	SACKS CEMENT					
	12-1/4	8-5/8	1524						
	7-7/8	5-1/2	7805	2400					
1									
[				i					
	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	efter recovery of total valume of load el leath or be for full 24 hours)	I and must be equal to or exceed top all.					
· .	OIL WELL Date First New Oil Run To Tanks	Date of Teet	Producing Method (Flow, pump, gas	lift. etc. i					
- 1	5-27-86	5-30-86	Flowing						
t	Longth of Toes	Tueing Pressure	Casing Pressure	Chere Size					
	24 hrs.	400		8/64"					
	Astual Pred. During Teet	Off - Spie-	Weter - Sbie.	Gas - MCF					
.Į.	<del></del>	199		163					
	GAS WELL								
ſ	Actual Prod. Toot-MCF/D	Longin of Tool	Shis. Condensate/MMCF	Grevity of Condensets					
- 1									
Γ	Testing Method (pitot, back Pr.)	Tubing Pressure (Shut-La)	Casing Pressure (Shwt-im)	Chese Size					
L	·								
<b>V1.</b> (	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA						
			APPROVED JUN 9 1986						
	I hereby certify that the rules and: Division have been complied with	regulations of the Oil Conservation and that the information given							
		best of my knowledge and belief.	This form is to be filed in compliance with RULE 1104.  If this is a request for silowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allowable on new and recompleted wells.  Fill out only Sections I. II. III. and VI for changes of owner well name or number, or transporter, or other such change of conditions.						
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		on Head							
-		ile)							
-		-86							
	. (Da	ue,		it be filed for each pool in multip					
	completed wells.								

