

STATE OF NEW MEXICO  
OIL AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

1. Operator Exxon Corporation  
Address P. O. Box 1600, Midland, Texas 79702

## Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

## Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

## Other (Please explain)

Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service. *BXM*

If change of ownership give name and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Wantz Federal</u>	Well No. <u>5</u>	Pool Name, including Formation <u>Wantz - ABO</u>	Kind of Lease <u>Wantz Federal XXXX</u>	LC065455
Location Unit Letter <u>P</u> ; <u>3300</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>1</u> Township <u>21-S</u> Range <u>37-E</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"/> <u>Texaco Trading and Transportation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 6196, Midland, TX 79711</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1589, Tulsa, OK 74102</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>X</u>	Sec. <u>1</u>
	Twp. <u>21-S</u>	Rge. <u>37-E</u>
	Is gas actually connected? <u>NO</u> 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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>
Date Spudded <u>7-17-86</u>	Date Compl. Ready to Prod. <u>8-15-86</u>	Total Depth <u>7793</u>	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) <u>KB 3570, GL 3558</u>	Name of Producing Formation <u>ABO</u>	Top Oil/Gas Pay <u>7439'</u>	Tubing Depth <u>7000</u>				
Perforations <u>7439-7690</u>			Depth Casing Shoe <u>7789</u>				
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
<u>12 1/4</u>	<u>8 5/8</u>	<u>1554</u>	<u>700 sx CL.C</u>				
<u>7 7/8</u>	<u>5 1/2</u>	<u>7789</u>	<u>1600 sx CL.C Lite</u>				
			<u>400 sx CL.C</u>				

## 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 able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>8-15-86</u>	Date of Test <u>8-20-86</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>6</u>	Tubing Pressure <u>560</u>	Casing Pressure <u>560</u>	Choke Size <u>12/64</u>
Actual Prod. During Test	Oil - Bbls. <u>78</u>	Water - Bbls. <u>9</u>	Gas - MCF <u>205</u>

## 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)  
Permits Supervisor

OIL CONSERVATION DIVISION  
APPROVED AUG 25 1986, 19\_\_  
BY Paul Kautz  
Geologist  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 11  
If this is a request for allowable for a newly drilled oil well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely on new and recompleted wells.