

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-78

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Exxon Corporation	
Address P. O. Box 1600, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner	

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Wantz Federal	Well No. 4	Pool Name, including Formation Wantz - ABO	Kind of Lease State, Federal or Free XXXX XXXX	Lease LC-065455
Location Unit Letter Q; 1980 Feet From The South Line and 760 Feet From The East Line of Section 1 Township 21-S Range 37-E, 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"/> Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit R	Sec. 1	Twp. 21-S	Rge. 37-E	Is gas actually connected? yes	When 3-6-86 tied in at Battery Separator

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'v. <input type="checkbox"/>	Diff. Re <input type="checkbox"/>
Date Spudded 8-26-86	Date Compl. Ready to Prod. 9-20-86		Total Depth 7826		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3554 GR	Name of Producing Formation ABO		Top Oil/Gas Pay 7068		Tubing Depth 7716			
Perforations 7068-7693					Depth Casing Shoe 7814			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	1572	700 sx CL.C
7-7/8	5-1/2	7814	2600 sx CL.C

## 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 Tanks 9-24-86	Date of Test 9-25-86	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 390	Casing Pressure 390	Choke Size 14/64
Actual Prod. During Test	Oil - Bbls. 230	Water - Bbls. 35	Gas - MCF 185

## 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)  
9-30-86

## OIL CONSERVATION DIVISION

APPROVED 9-30-86, 19BY Paul Kautz  
Geologist  
TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen 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 all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

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