

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. 3002509958
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 checked="" 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name PADDOCK (SAN ANGELO) UNIT	Well No. 29W	Pool Name, Including Formation PADDOCK	Kind of Lease State, Federal or Fee 37721	Lease No. 37721
Location				
Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line				
Section 2 Township 22S 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"/> TEXAS-NEW MEXICO PIPELINE	Address (Give address to which approved copy of this form is to be sent) BOX 42130, HOUSTON, TEXAS 77242-2130					
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) BOX 1137, EUNICE, NM 88231					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 02	Twp. 22S	Rge. 37E	Is gas actually connected? YES	When? 11/23/93

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 type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 08/05/93	Date Compl. Ready to Prod. 11/23/93		Total Depth 5209		P.B.T.D. 5101			
Elevations (DF, RKB, RT, GR, etc.) 3368 DF	Name of Producing Formation GLORIETA		Top Oil/Gas Pay		Tubing Depth 5035			
Perforations 5010' TO 5035'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 1/4	10 3/4		366		250 SX			
9 7/8	7 5/8		2788		975 SX			
6 3/4	5 1/2		5209		300 SX			

V. TEST DATA AND REQUEST FOR ALLOWABLE

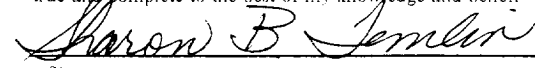
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 11/23/93	Date of Test 12/02/93	Producing Method (Flow, pump, gas lift, etc.) ROD PUMP	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 4	Water - Bbls. 42	Gas-MCF 20

GAS WELL

Actual Prod Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 37.2
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.


Signature
Sharon B. Timlin Sr. Staff Office Assistant
Printed Name Title
12/16/93 (915) 688-6166
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 23 1993**
By **ORIGINAL SIGNED BY JERRY SEXTON**
Title **DISTRICT I SUPERVISOR**

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.