

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. 3002509961
Address ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input 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 checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Other (Please explain) WORKOVER Reclassify from Blinbery oil to Blinbery gas effective 3-1-93	
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEW MEXICO STATE	Well No. 12	Pool Name, Including Formation BLINEBRY GAS	Kind of Lease State, Federal or Fee STATE	Lease No. B-934
Location Unit Letter A : 660 Feet From The NORTH Line and 760 Feet From The EAST 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 type="checkbox"/> or Condensate <input checked="" type="checkbox"/> TEXAS NEW MEXICO PIPELINE CO.	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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> SID RICHARDSON GASOLINE CO	Address (Give address to which approved copy of this form is to be sent) 201 MAIN ST. FT. WORTH, TEXAS 76102					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 2	Twp. 22S	Rge. 37E	Is gas actually connected? YES	When? 02/22/93

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 type="checkbox"/>	Gas Well <input checked="" 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 checked="" type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 01/04/93	Date Compl. Ready to Prod. 01/13/93		Total Depth 6536		P.B.T.D. 6169			
Elevations (DF, RKB, RT, GR, etc.) 3370 DF	Name of Producing Formation BLINEBRY GAS		Top Oil/Gas Pay		Tubing Depth 5456			
Perforations 5450 TO 5862					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15	10 3/4		340		275			
9 7/8	7 5/8		2616		873			
6 3/4	5 1/2		6536		525			

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	Date of Test	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 356	Length of Test 72	Bbls. Condensate/MMCF 6.5	Gravity of Condensate 40
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.

Sharon B. Timlin
Signature
Sharon B. Timlin **Sr. Staff Office Assistant**
Printed Name Title
02/23/93 **(915) 688-6166**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAR 26 1993**

By Paul Kautz
Orig. Signed by
Geologist

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened 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.

