

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Exxon Corp.	Well API No. 30-025-09966
Address P. O. Box 1600, Midland, Texas 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 type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" 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. 12	Pool Name, Including Formation Glorieta Lime PADDOCK	Kind of Lease State, Federal or <u>Fee</u>	Lease No. Fee
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1905</u> Feet From The <u>East</u> Line Section <u>2</u> Township <u>22S</u> Range <u>37E</u> , 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"/> Texaco New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Expl & Prod.	Address (Give address to which approved copy of this form is to be sent) Box 1135, Eunice, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 2
	Twp. 22S	Rge. 37E
	Is gas actually connected?	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 checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v
Date Spudded 10-14-91	Date Compl. Ready to Prod. 10-25-91		Total Depth 5210		P.B.T.D. 5205			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Glorieta Lime		Top Oil/Gas Pay 5046		Tubing Depth			
Perforations 5046 - 5062					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4	10-3/4		317		300 sx			
9-7/8	7-5/8		2566		950 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 11-2-91	Date of Test 11-15-91	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure 120#	Choke Size 22/64
Actual Prod. During Test	Oil - Bbls. 45	Water - Bbls.	Gas- MCF 45

GAS WELL

Actual Prod. Test - MCF/D 45	Length of Test 24	Bbls. Condensate/MMCF 45	Gravity of Condensate 35.9 @ 68°
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 120#	Choke Size 22/64

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 Asst.
Printed Name
Title
915 - 688-7509
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved 11/15/91

By ORIGINAL SIGNED BY JEFFRY SEXTON
DISTRICT I SUPERVISOR

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.

