

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

OIL CONSERVATION DIVISION

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

Operator EXXON CORPORATION	Well API No. 3002507042
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 type="checkbox"/> <i>Other (Please explain) Show Recconnct d.t</i>	

If change of operator give name
and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEW MEXICO S STATE	Well No. 21	Pool Name, Including Formation TUBB GAS (PRORATED GAS)	Kind of Lease State, Federal or Fee STATE	Lease No. B-934
Location Unit Letter L : 1980 Feet From The SOUTH Line and 500 Feet From The WEST Line Section 02 Township 22-S Range 37-E , NMPM. LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> NO LIQUID PRODUCTION	Address (Give address to which approved copy of this form is to be sent)					
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, TX. 76102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? YES	When? 06-90 1-6-92 <i>(Per SRG Kamen)</i>

If this production is commingled with that from any other lease or pool, give commingling order number **N/A**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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 *Don J. Bates*
Don J. Bates Administrative Specialist
Printed Name Title
03/29/93 (915) 688-7874
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **APR 12 1993**
By **ORIGINAL GENERAL MANAGER**
EXTENSION 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.

Submit 2 copies to Appropriate District Office.

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-116
Revised 1/1/89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

GAS - OIL RATIO TEST

Test Period - August, September, October

Operator	Exxon Co., U.S.A.	Pool	Tubb Oil & Gas	County	Lea
Operations Accounting	P.C. #3				

Address P. O. Box 1600 Midland, TX 79702

TYPE OF TEST - (X) Scheduled ☒ ☐

Completion ☐ Special ☐

LEASE NAME	WELL NO.	LOCATION				DATE OF TEST	SIZE	CHOKES	TBQ. PRESS.	DAILY ALLOW-ABLE	LENGTH OF TEST HOURS	PROD. DURING TEST			GAS - OIL RATIO CU/FT/BDL.
		U	S	T	R							WATER BRLS.	GRAV. OIL BRLS.	GAS M.C.F.	
New Mexico 'V' State	5	N	10	21	37	5-1					24	0	0	51	
New Mexico 'S' State	13	B	2	22	37	10-24-92					24	0	0	321	
	20	E	2	22	37	10-6-92					24	0	0	1.7	205882
	21	H	2	22	37	10-17-92					24	0	0	542	
	23	P	2	22	37	10-19-92					24	8	3.3	66	19927
Tubb Gas Com #1	1	0	10	21	37	5-1					24	8	4	390	97500
F. F. Hardison	5	1	21	37	37	9-20-92					24	8	4	340	44375
J. L. Greenwood	10	P	9	22	37	10-15-92					24	8	3.3	66	19927

Hardison & Pennington

Instructions:

During gas-oil ratio test, each well shall be produced at a rate not exceeding the pop unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Division.

Gas volumes must be reported in MCF measured at a pressure base of 14.7 psia and a temperature of 60° F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

(See Rule 301, Rule 1116 & appropriate pool rules.)

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

Signature Sandra E. Matzke

Printed name and title Sandra E. Matzke, Staff Ofc. Asst.

Date 11/9/92 915/688-7627 Telephone No.