

State of New Mexico
Energy, Minerals &
Natural & Resources Dept.

Oil Conservation Division
P.O. Box 2088
Santa Fe, New Mexico 87501

Gas
Supplement
No.: SE 6549
Date: 2-11-93

The operator of the following well has complied with all the requirements of the Oil Conservation Division and the well is hereby assigned an allowable as shown below.

Date of Connection 10-14-92 Date of First Allowable or Allowable Change 2-5-93
Purchaser Sid Richardson Carbon & Gasoline Pool Blinebry
Operator Exxon Corp. Lease J.L.Greenwood
Well No. * #9 Unit Letter J Sec. 9 Twn. 22 S Rge. 37 E
Dedicated Acreage * 160 Revised Acreage _____ Difference _____
Acreage Factor * 1.00 Revised Acreage Factor _____ Difference _____
Deliverability _____ Revised Deliverability _____ Difference _____
A x D Factor _____ Revised A x D Factor _____ Difference _____

* #9 is NEW WELL -- shares existing 160 ac PU
w/#11-1 Sec.9,T22S,R37E

OCD Dist. No. I

CALCULATION OF SUPPLEMENTAL ALLOWABLE

Previous Status Adjustments.....

| MO. | PREV. ALLOW. | REV. ALLOW. | PREV. PROD. | REV. PROD. | REMARKS |
|-----|--------------|-------------|-------------|------------|---------|
| Apr | | | | | |
| May | | | | | |
| Jun | | | | | |
| Jul | | | | | |
| Aug | | | | | |
| Sep | | | | | |
| Oct | | | | | |
| Nov | | | | | |
| Dec | | | | | |
| Jan | | | | | |
| Feb | | | | | |
| Mar | | | | | |
| Apr | | | | | |
| May | | | | | |
| Jun | | | | | |
| Jul | | | | | |
| Aug | | | | | |
| Sep | | | | | |
| Oct | | | | | |
| Nov | | | | | |
| Dec | | | | | |
| Jan | | | | | |
| Feb | | | | | |
| Mar | | | | | |

TOTALS

Allowable Production Difference.....

Schedule O/U Status.....

Revised O/U Status.....

Effective In _____ Schedule _____
Current Classification _____ To _____

Note: All gas volumes are in MCF@15.025 psia.

William J. LeMay, Division Director

By _____

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. 3002510130 |
| 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: CORRECTED |
| Recompletion <input checked="" 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"/> |
| If change of operator give name and address of previous operator _____ | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------------|---|--|-------------------------|
| Lease Name J L GREENWOOD | Well No. 9L | Pool Name, Including Formation BLINEBRY GAS | Kind of Lease State, Federal or Fee | Lease No. FEE |
| Location Unit Letter J : 1980 Feet From The SOUTH Line and 2080 Feet From The EAST Line Section 9 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 type="checkbox"/> DRY GAS | 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 RICHARSON CARBON & GASOLINE CO. | Address (Give address to which approved copy of this form is to be sent) 210 MAIN ST. FT. WORTH TEXAS 76102 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When? |
| | | | | | YES | 10/14/92 |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| | | | | | | | X | | |
| Date Spudded 09/02/92 | Date Compl. Ready to Prod. 10/14/92 | Total Depth 8080 | | P.B.T.D. 6160 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3424DF | Name of Producing Formation BLINEBRY | Top Oil/Gas Pay | | Tubing Depth 5318 | | | | | |
| Perforation 5423-5813 BLINEBRY | | | | Depth Casing Shoe | | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| NA | 10 3/4 | | 395 | | 300 SX | | | | |
| NA | 7 5/8 | | 2797 | | 1200 SX | | | | |
| NA | 5 1/2 | | 8070 | | 680 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 | 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 1.361 | Length of Test 24 | Bbls. Condensate-MMCF 10 | Gravity of Condensate 40.9 |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) 400 | Casing Pressure (Shut-in) | Choke Size 18/64 |

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 Assistant
Printed Name Title

02/08/93 (915) 688-6166
Date Telephone No.

OIL CONSERVATION DIVISION

FEB 11 1993

Date Approved _____

By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT SUPERVISOR

Title _____

- 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.