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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Exxon Corp. Well API No.
30-025-10133

Address
P.O. Box 1600, Midland, TX 79702-1600

Reason(s) for Filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☒ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐

☐ Other (Please explain)

If change of operator give name
and address of previous operator

31 Brunson Ellenburg

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. L. Greenwood	Well No. 12	Pool Name, Including Formation Paddock	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>0</u> <u>660</u> Feet From The <u>South</u> Line and <u>1880</u> Feet From The <u>East</u> Line Section <u>9</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"/> <u>Western Oil Transportation Service</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183, Houston, Texas</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Texaco Expl & Prod Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1135, Eunice, New Mexico</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. <u>9</u>	Twp. <u>22S</u>	Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u>	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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>11-25-91</u>	Date Compl. Ready to Prod. <u>12-11-91</u>	Total Depth <u>8090</u>	P.B.T.D. <u>7754</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <u>Paddock/Glorieta</u>	Top Oil/Gas Pay	Tubing Depth <u>5206</u>					
Perforations <u>5044-5152'</u>	Depth Casing Shoe							

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>15</u>	<u>10-3/4</u>	<u>408</u>	<u>350</u>
<u>9-7/8</u>	<u>7-5/8</u>	<u>3205</u>	<u>1400</u>
<u>6-3/4</u>	<u>5-1/2</u>	<u>8090</u>	<u>585</u>

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 <u>12-11/91</u>	Date of Test <u>12-30-91</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>12</u>	Water - Bbls. <u>65</u>	Gas- MCF <u>83</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Asst.
Printed Name Title
1-7-92 915/688-7509
Date Telephone No.

OIL CONSERVATION DIVISION

JAN 13 '92

Date Approved

Signed by
By Paul Kautz
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.

RECEIVED

JAN 09 1992

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