

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.S.A.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Exxon Corporation

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

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Correct Pool from Drinkard to S. Brunson/Drinkard/Abo
Correct Drilled perfs

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>N. G. Penrose</u>	Well No. <u>2</u>	Pool Name, including Formation <u>S. Brunson/Drinkard/Abo</u>	Kind of Lease <u>SHORE FRONTAGE Fee</u>	Lease _____
Location				
Unit Letter <u>H</u>	<u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>			
Line of Section <u>13</u>	Township <u>22S</u>	Range <u>37E</u>	<u>NMPM</u>	Lea _____ Court _____

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>Permian</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183, Houston, TX 77001</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>2811 Durant, Midland, TX 79701</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>A</u> Sec. <u>13</u> Twp. <u>22S</u> Rge. <u>37E</u>	<u>Yes</u>

If this production is commingled with that from any other lease or pool, give commingling order number: R-8707 DHC

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

S. Johnson

(Signature)

Stephen Johnson, Administrative Specialist

(Title)

11-16-88

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 22 1988, 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

Posted Pool change E

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. I
Date Spudded	Date Compl. Ready to Prod. 10-3-88		Total Depth 7100		P.B.T.D. 7087				
Elevations (DF, RKB, RT, GR, etc.) 3329 GR	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6311		Tubing Depth 2 3/8" @ 7043 (SN)				
Perforations ★	Drinkard 6311-6464						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
15	10 3/4		390		400				
9 3/8	7 5/8		3103		1562				
6 3/4	5 1/2		7100		340				

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 10-3-88	Date of Test 10-23-88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test Drinkard only	Oil - Bbls. 3 (39%)	Water - Bbls. 1.5 (39%)	Gas - MCF 48 (33%)

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

RECEIVED

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