

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE			
FILE			
U.S.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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)
Filed to obtain allowable for Blinebry which was added to Drinkard and Wantz G.W. per D.H.C. 195

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name N. G. Penrose	Well No. 3	Pool Name, including Formation Blinebry, Drinkard, Wantz G.W.	Kind of Lease XXXXXXXXXXXX Fee	Lease No.
Location Unit Letter <u>G</u> ; <u>1980</u> Feet From The <u>East</u> Line and <u>1980</u> Feet From The <u>North</u> Line of Section <u>13</u> Township <u>22S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Self <u>Pet</u>	Address (Give address to which approved copy of this form is to be sent) 2811 Durant, Midland, TX 79701
If well produces oil or liquids, give location of tanks. Unit <u>G</u> Sec. <u>13</u> Twp. <u>22S</u> Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u> When <u>6-10-75</u>

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-195

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. J. [Signature]
(Signature)
Administrative Specialist
(Title)
9-23-88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY JERRY SEXTON
DISTRICT 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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v. Add
Date Spudded	Date Compl. Ready to Prod. 9-6-88		Total Depth 7500'		P.B.T.D. 7469'				
Elevations (DF, RKB, RT, GR, etc.) 3334 GR	Name of Producing Formation Blinebry Drinkard Wantz		Top Oil/Gas Pay 5597'		Tubing Depth 7381' (SN)				
Perforations Blinebry: 5597'-6019'						Depth Casing Shoe 7500'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	8 5/8		1241		600				
7 7/8	5 1/2		7500		1700				

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9-6-88	Date of Test 9-15-88	Producing Method (Flow, pump, gas lift, etc.) Pump		
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test Blinebry Only	Oil - Bbls. 16 (48%)	Water - Bbls. 14.4 (48%)	Gas - MCF 38 (74%)	

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

* C116 Submitted 9-20-88

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SEP 27 1988