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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

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

Operator Exxon Corp.	Well API No. 30-025-25144
Address P. O. Box 1600, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input 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

RECEIVED  
JUN 24 1991.

OIL CON. DIV.  
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "S" State	Well No. 27	Pool Name, Including Formation Blinbry Oil & Gas	Kind of Lease State, Federal or Fee -	Lease No. B-934
Location Unit Letter <u>K</u> : <u>1830</u> Feet From The <u>South</u> Line and <u>1900</u> Feet From The <u>West</u> Line Section <u>2</u> Township <u>22S</u> Range <u>27E 31</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"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88241					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Expl. & Prod. Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137, Eunice, NM 88231					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 2	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When? 5-26-76

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 X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded reentered 12-10-90	Date Compl. Ready to Prod. 12-18-90		Total Depth (old) 7388		P.B.T.D. 6220			
Elevations (DF, RKB, RT, GR, etc.) 3358 KB	Name of Producing Formation Blinbry		Top Oil/Gas Pay 5684		Tubing Depth 5530			
Perforations 5684-5818					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4	10-3/4		1167		600			
8-3/4	7		7252		1550			

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 12-18-90	Date of Test 2-12-91	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 72 / 24	Tubing Pressure 130	Casing Pressure	Choke Size open
Actual Prod. During Test	Oil - Bbls. 19.7 / 7	Water - Bbls. 5	Gas - MCF 1083 / 36

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 Staff Office Assist.  
Printed Name  
6-17-91 915 688-7509  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved 1/24/91

By ORIGINAL SIGNATURE

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.