

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Exxon Corporation	Well API No. 30-025-25268
Address 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:
Recompletion <input checked="" type="checkbox"/>	Oil <input 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

Cancel Drinkard + Wanty
abz

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico S State	Well No. 28	Pool Name, Including Formation Blinebry Oil & Gas	Kind of Lease (State) Federal or Fee	Lease No. B 934
Location				
Unit Letter F	: 2160	Feet From The North	Line and 1800	Feet From The West
Section 2	Township 22S	Range 37E	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	Address (Give address to which approved copy of this form is to be sent) P.O. Box 52332, Houston, TX 77052	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Inc. Producing Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 728, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 2
	Twp. 22S	Rge. 37E
	Is gas actually connected? Yes	When? 7-14-77

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

PC 137

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 5-29-90	Date Compl. Ready to Prod. 6-20-90		Total Depth 7200		P.B.T.D. 6138			
Elevations (DF, RKB, RT, GR, etc.) 3383 RKB	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5708		Tubing Depth 5653			
Perforations 5708-5752, 5798-5816					Depth Casing Shoe 7198			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 13 3/4	CASING & TUBING SIZE 10 3/4		DEPTH SET 1120		SACKS CEMENT 520 SXS			
8 3/4	7		7198		1550 SXS			

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 6-14-90	Date of Test 7-24-90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 115	Casing Pressure 0	Choke Size 21/64
Actual Prod. During Test	Oil - Bbls. 81	Water - Bbls. 0	Gas - MCF 184

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.

Signature
Stephen Johnson Administrative Specialist
Printed Name
9-4-90 (915) 688-7548 Title
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
By
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.