

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator EXXON CORPORATION	Well API No. 3002525281
Address ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 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 type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator _____	

ADDITIONAL PERFS CHANGED PRODUCTION
CHARACTERISTICS OF WELL FROM OIL TO GAS.

gas allow eff 3-2-93 per NSP-1668

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEW MEXICO S STATE	Well No. 31	Pool Name, Including Formation BLINEBRY GAS	Kind of Lease State, Federal or Fee STATE	Lease No. B-934
Location Unit Letter H : 1660 Feet From The NORTH Line and 810 Feet From The EAST Line Section 2 Township 22-S Range 37-E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> TEXAS-NEW MEXICO PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) BOX 42130, HOUSTON, TX. 77242-2130
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> SID RICHARDSON SEVEN & GASOLINE CO.	Address (Give address to which approved copy of this form is to be sent) 201 MAIN ST., FT. WORTH, TX. 76102
If well produces oil or liquids, give location of tanks. Unit F Sec. 2 Twp. 22-S Rge. 37-E	Is gas actually connected? YES When? 07/23/92

If this production is commingled with that from any other lease or pool, give commingling order number **N/A**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res v <input checked="" type="checkbox"/> Diff Res v <input type="checkbox"/>		
Date Spudded 06/26/92	Date Compl. Ready to Prod. 07/20/92	Total Depth 7696	P.B.T.D. 6300
Elevations (DF, RKB, RT, GR, etc.) 3373KB	Name of Producing Formation BLINEBRY GAS	Top Oil/Gas Pay	Tubing Depth 5885
Perforations 5473 TO 5660_5736 TO 5790 AND 5830 -5864			Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE 13 3/4	CASING & TUBING SIZE 10 3/4	DEPTH SET 1151	SACKS CEMENT 670
8 3/4	7	7200	2070 SX

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas-MCF

GAS WELL

Actual Prod Test - MCF/D 609	Length of Test 72	Bbls. Condensate/MMCF 6.6	Gravity of Condensate 34.9
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 230	Casing Pressure (Shut-in)	Choke Size 18/48

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 ASSISTANT**
Printed Name Title
08/17/92 **(915) 688-6166**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAY 06 1993**
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 deepend 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.