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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

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

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 Corp.		Well API No. 30-025-25281
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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico State S	Well No. 31	Pool Name, including Formation Blinebry Oil & Gas	Kind of Lease State, <del>Subsurface</del> Fee	Lease No. B934
Location Unit Letter <u>H</u> : <u>1660</u> Feet From The <u>North</u> Line and <u>810</u> Feet From The <u>East</u> Line Section <u>2</u> Township <u>22S</u> Range <u>32E</u> <u>31</u> , <u>NMPM</u> , 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 2528, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco, 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. 22	Rge. 37
	Is gas actually connected? Yes	When? 8-17-77
If this production is commingled with that from any other lease or pool, give commingling order number: <u>PC-137</u>		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded/Reentered 10-1-90	Date Compl. Ready to Prod. 10-13-90		Total Depth 7697		P.B.T.D. 6300			
Elevations (DF, RKB, RT, GR, etc.) 3373 KB	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5736		Tubing Depth SN 5882			
Perforations 5736---5790 & 5830-5864 w/44 shots					Depth Casing Shoe 7200			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4	10-3/4		1151		670			
8-3/4	7		7200		7200			

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 10-13-90	Date of Test 11-7-90	Producing Method (Flow, pump, gas lift, etc.) Pump 2 x 1 1/4 x 16'	
Length of Test 48	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 10BO (5 Bc)	Water - Bbls. 42 BW	Gas- MCF 34 MCF (17-28 hrs)

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.

Alex M. Correa  
Signature  
Alex M. Correa Administrative Specialist  
Printed Name  
12-3-90 915-688-7532  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 17 1990  
By [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.