

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 <b>EXXON CORPORATION</b>	Well API No. <b>3002525508</b>
Address <b>ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702</b>	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: 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 type="checkbox"/> <i>Other (Please explain)</i> <b>Reclassify from oil to gas effective 12-2-92 per NSP-1667</b>	

If change of operator give name  
and address of previous operator \_\_\_\_\_

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>NEW MEXICO S STATE</b>	Well No. <b>38</b>	Pool Name, Including Formation <b>BLINEBRY GAS</b>	Kind of Lease State, Federal or Fee <b>STATE</b>	Lease No. <b>B-934</b>
Location Unit Letter <b>E</b> : <b>2100</b> Feet From The <b>NORTH</b> Line and <b>660</b> Feet From The <b>WEST</b> Line Section <b>2</b> Township <b>22S</b> Range <b>37E</b> , NMPM. <b>LEA</b> 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"/> <b>TEXAS NEW MEXICO PIPELINE</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 2528 HOBBS, N.M. 88240</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>SID RICHARDSON <del>PIPELINE</del> GASOLINE CO</b>	Address (Give address to which approved copy of this form is to be sent) <b>201 MAIN ST. FT.WORTH, TEXASD 76102</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <b>YES</b>	When? <b>5-28-92</b>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Date Spudded <b>04/20/92</b>	Date Compl. Ready to Prod.		Total Depth <b>7600</b>		P.B.T.D. <b>6580</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3372 GR</b>	Name of Producing Formation <b>BLINEBRY</b>		Top Oil/Gas Pay <b>GAS</b>		Tubing Depth <b>5610</b>			
Perforations <b>5385-5661 5682-5746 5790-5819</b>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>13 1/2</b>	<b>9 5/8</b>		<b>1129</b>		<b>700 SX</b>			
<b>8 3/4</b>	<b>7</b>		<b>7600</b>		<b>2040 SX</b>			

### 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 <b>04/30/92</b>	Date of Test <b>05/28/92</b>	Producing Method (Flow, pump, gas lift, etc.) <b>FLOWING</b>	
Length of Test <b>24</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas-MCF

### GAS WELL

Actual Prod Test - MCF/D <b>667</b>	Length of Test <b>24</b>	Bbls. Condensate/MMCF <b>11</b>	Gravity of Condensate <b>37</b>
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) <b>284</b>	Casing Pressure (Shut-in)	Choke Size <b>14/64</b>

### 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

**06/26/92** **(915) 688-7509**  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved **MAY 06 1993**

By *Paul Kautz*  
**Paul Kautz**  
Geologist

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.