

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Exxon Corp.

Address
P.O. Box 1600, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 2/1/84
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name
and address of previous ownerTHIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name: New Mexico "DL" State

Well No.: 1

Pool Name, including Formation: Undersaturated Cruz Del.

Kind of Lease: State, Recovery

Location: Unit Letter I; 1980 Feet From The South Line and 660 Feet From The East Line of Section 18 Township 23S Range 33E, NMPM, Edy Lea Corner

Lease No.: V-732

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation <u>Permian (Eff. 9/1/87)</u>	P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit: <u>I</u> Sec.: <u>18</u> Twp.: <u>23S</u> Rge.: <u>33E</u>
	Is gas actually connected? <u>Flared</u> When:

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 <u>XX</u>	Gas Well	New Well <u>XX</u>	Workover	Deepen	Plug Back	Same Restv.	Drill Re
Date Spudded 6-24-83	Date Compl. Ready to Prod. 8-24-83	Total Depth 9030'	P.B.T.D. 8210'					
Elevations (DF, RKB, RT, GR, etc.) 3705' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 5110	Tubing Depth 5170					
Perforations 5110'-5140'	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	600	760					
11"	8 5/8"	5076	1850					
7 7/8"	5 1/2"	9028; DV @ 6488'	1900					
	2 7/8"							

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 all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7-29-83	Date of Test 12-15-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 140	Water-Bbls. 53	Gas-MCF 100

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

VI. 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.

Edgar R. Runkel
(Signature)

Unit Head

December 29, 1983

(Title)

(Date)

OIL CONSERVATION DIVISION

JAN 3 1984

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.

1031 1031 1031

DEC 30 1983
O.C.D.
HOBBS OFFICE

EXXON COMPANY, U.S.A.

POST OFFICE BOX 10488 • MIDLAND, TEXAS 79702

MIDCONTINENT PRODUCTION DIVISION
SOUTHERN DRILLING ORGANIZATION

E W THOMAS, Manager

W F BURCHARD, Operations Superintendent
K S ROSE, Operations Superintendent
M C WELBORN, Operations Superintendent
K A WEBER, Engineer Manager

July 21, 1983

LISTED BELOW ARE THE DEVIATION TESTS TAKEN ON NEW MEXICO "DL" STATE NO. 1 :

<u>DEPTH</u>	<u>DEGREES OF DEVIATION</u>
245	1/2
580	1/2
1069	3/4
1538	3/4
2025	3/4
2516	1
3020	1/2
3511	1/2
4007	3/4
4469	2 1/2
4563	2
4751	2 3/4
4843	1 3/4
5068	1
5550	1/2
6046	1/4
6511	1
6842	3/4
7002	1
7343	1 1/2
7559	1 1/4
7700	1 1/4
7890	1 1/2
8097	1 1/4
8370	2
8560	1 3/4
8808	1 3/4
8990	1 1/4

18-23-33

BY Pamela Mendenhall

SWORN TO and subscribed before me this 22nd day of July, 1983

Linda S Jones
Notary Public
Midland, Texas

My commission expires: 9 November 1985

A DIVISION OF EXXON CORPORATION

RECEIVED
DEC 30 1983
FBI
WASHINGTON