

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRICT OFFICE	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/> OIL
	<input type="checkbox"/> GAS
OPERATOR	
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Exxon Corporation

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"/>	Condensate Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

UNLESS AN EXCEPTION TO R-4070 IS OBTAINED, GAS MUST NOT BE PLACED AFTER 7/1/84

If change of ownership give name and address of previous owner

THIS 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. 4	Pool Name, including Formation Undeeg. Cruz-Delaware	Kind of Lease <input checked="" type="checkbox"/> Federal or Fee	Lease N V-732
Location				
Unit Letter	N	330	Feet From The	South
Line and	2242	Feet From The	West	
Line of Section	18	Township	23S	Range
			33E	NMPM, Lea

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	P. O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Condensate 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
	N
	18
	23S
	33E
Is gas actually connected?	When
Flare	

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 Recv.	Drill Rec
	X		X					
Date Spudded	4-2-84	Date Compl. Ready to Prod.	5-3-84	Total Depth	5312	P.S.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	3701' GR	Name of Producing Formation	Delaware	Top Oil/Gas Pay	5090	Testing Depth	5114	
Perforations	5090-5124'					Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8		642		550			
7 7/8"	5 1/2		5311		1920			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	4-26-84	Date of Test	5-14-84	Producing Method (Flow, pump, gas lift, etc.)	Pump
Length of Test	24 hours	Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil - Bbls.	50	Water - Bbls.	67
				Gas - MCF	139

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (SWT-1A)	Casing Pressure (SWT-1A)	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.

Unit Head
(Signature)
May 23, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 25 1984, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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 own well name or number, or transporter, or other such change of conc.
Separate Forms C-104 must be filed for each pool in completed wells.

RECEIVED
MAY 24 1984

O.C.D.
HOBBS OFFICE