

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

Form C-104
Revised 10-1-78P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF TOWNSHIP OFFICES	
DISTRICT OFFICE	
SANTA FE	
FILE	
U.S.A.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
OPERATION OFFICE	

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 oil	
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"/>

Casinghead Gas Must Not Be
Flared After 7/6/84
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.	7	Pool Name, including Formation	Undeig. Cruz-Delaware	Kind of Lease	State	Lease N	V-732
Location									
Unit Letter	A	987	Feet From The	North	Line and	330	Feet From The	East	
Line of Section	18	Township	23S	Range	33E	NMPM	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"/>	Permian Corporation	Address (Give address to which approved copy of this form is to be sent)	P O Box 1183, Houston, TX 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 A	Sec. 18	Twp. 23S	Range 33E	Is gas actually connected?	When	Flared

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Resv. <input type="checkbox"/>	Diff. Res <input type="checkbox"/>
Date Spudded	4-11-84	Date Compl. Ready to Prod.	5-6-84	Total Depth	5251	P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	3705' GR	Name of Producing Formation	Delaware	Top Oil/Gas Pay	5116	Tubing Depth	4903	
Perforations	5116-5158'					Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/2"	8 5/8	668	550					
7 7/8"	5 1/2	5251	1800					

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

Date First New Oil Run To Tanks	5-6-84	Date of Test	5-8-84	Producing Method (Flow, pump, gas lift, etc.)	Pump
Length of Test	24 hour	Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil - Bbls.	98	Water - Bbls.	126
				Gas - MCF	57

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. 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.

Michael K. Knippling
(Signature)
Unit Head
(Title)
May 23, 1984
(Date)

OIL CONSERVATION DIVISION

MAY 25 1984

APPROVED _____, 19____
BY _____
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 own well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in completed wells.

RECEIVED

MAY 24 1984

O.C.P.
HOBBS OFFICE