

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 Corporation	Well API No. 30-015-29638
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 checked="" 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 N.G. Penrose	Well No. 4	Pool Name, Including Formation S. Brunson, Brinkard, Abo, Blin	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter A : 350 Feet From The North Line and 660 Feet From The East Line Section 13 Township 22S Range 37E, 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	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) 2811 Durant, Midland, TX 79701		
If well produces oil or liquids, give location of tanks.	Unit A Sec. 13 Twp. 22S Rge. 37E	Is gas actually connected? YES	When? 10-1-87
If this production is commingled with that from any other lease or pool, give commingling order number: R-8707			

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v	Diff. Res'v <input checked="" type="checkbox"/>
Date Spudded 2-21-89 PB	Date Compl. Ready to Prod. 5-14-89		Total Depth 7569		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) KB 3345	Name of Producing Formation B,D,T,Wantz GW		Top Oil/Gas Pay 5531		Tubing Depth 7552			
Perforations 5531-6021, 6078-6297, 6314-6510, 6675-7238, 7248-7412 BLINE BRV Tubing drilled / also (GW)	TUBING, CASING AND CEMENTING RECORD				Depth Casing Shoe 7561			
HOLE SIZE 12 1/4 7 7/8	CASING & TUBING SIZE 8 5/8 5 1/2 2 7/8		DEPTH SET 1245 7561 7552		SACKS CEMENT 550 SX CLC 2200 SX CLC N/A			

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 5-14-89	Date of Test 5-18-89	Producing Method (Flow, pump, gas lift, etc.) rod pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. (47 all)	Water - Bbls. 20	Gas - MCF 165

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.

Signature S. Johnson
Printed Name Stephen Johnson Administrative Specialist
Date 6-12-89 Telephone No. (915) 688-7548

OIL CONSERVATION DIVISION

JUN 15 1989

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.