

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

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/Drinkard/Abo, B-T, etc.	Kind of Lease <input checked="" type="radio"/> Lease <input type="radio"/> Fee	Lease No.
Location Unit Letter <u>A</u> : <u>350</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>13</u> Township <u>22S</u> Range <u>37E</u> , <u>NMPM</u> 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 <u>A</u> Sec. <u>13</u> Twp. <u>22S</u> Rge. <u>37E</u>	Is gas actually connected? <u>YES</u> When? <u>10-1-87</u>
If this production is commingled with that from any other lease or pool, give commingling order number: <u>R-8707</u> <u>AKC</u>		

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
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 <u>Blind</u> <u>Br</u> <u>Tub</u> <u>Ark</u> <u>1</u> <u>alt</u> <u>Gr</u>					Depth Casing Shoe 7561			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		1245		550 SX CLC			
7 1/8	5 1/2		7561		2200 SX CLC			
	2 7/8		7552		N/A			

V. TEST DATA AND REQUEST FOR ALLOWABLE S. Brunson Drinkard Abo gets 15% Combined OMC oil
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. <u>47</u> <u>(all zones)</u>	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.

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

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.