

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.M.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Exxon Corporation Attn: Permits Supervisor

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

Reason(s) for filing (Check proper box)

New Well

☒

Recompletion

☐

Change in Ownership

☐

Change in Transporter of:

Oil

☐

Dry Gas

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11-11-81
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name N. G. Penrose	Well No. 4	Pool Name, including Formation Wantz Granite Wash	Kind of Lease Shut-in or Fee	Lease N
Location Unit Letter A : 350 Feet From The North Line and 660 Feet From The East Line of Section 13 Township 22S Range 37E, NMPM, Lea Count				

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 Corp.	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 Company	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?		When
No		Not at this time

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 Res'v. <input type="checkbox"/>	DIL Res'v. <input type="checkbox"/>
Date Spudded 8-3-87	Date Compl. Ready to Prod. 9-11-87		Total Depth 7569'		P.B.T.D. 7553			
Elevations (DF, RKB, RT, GR, etc.) KB 3345.1', GR 3332.3'	Name of Producing Formation Wantz Granite Wash		Top Oil/Gas Pay 7397'		Tubing Depth 7345'			
Perforations 7397'-7537'					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 7/8	5 1/2		7561		2200 sx CLC			
	2 7/8		7345					

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 Tanks 9-11-87	Date of Test 9-16-87	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hrs.	Tubing Pressure 450	Casing Pressure 0	Choke Size 16/64
Actual Prod. During Test 260	Oil - Bbls. 260	Water - Bbls. 0	Gas - MCF 345

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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.

David A. Murray
(Signature)

David A. Murray, Permits Supervisor

(Title)

9-22-87

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 23 1987

BY Eddie W. Seay
Oil & Gas Inspector

TITLE
This form is to be filed in accordance with Rule 111.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate 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.
Separate Forms C-104 must be filled for each pool in multiple completed wells.