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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

Operator <b>Exxon Corporation</b>	Well API No. <b>30-025-30455</b>
Address <b>P.O. Box 1600, Midland, TX 79702</b>	
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 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

*Canon Hanson Ellenberger  
Albuquerque*

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>JL Greenwood</b>	Well No. <b>16</b>	Pool Name, Including Formation <b>Paddock</b>	Kind of Lease State, Federal or Fee <input checked="" type="radio"/>	Lease No.
Location				
Unit Letter <b>N</b> : <b>921.5</b> Feet From The <b>South</b> Line and <b>2238.3</b> Feet From The <b>West</b> Line				
Section <b>9</b> Township <b>22S</b> Range <b>37E</b> , 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"/> <b>Permian Corp</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1183, Houston, TX 77001</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Texaco Producing Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1137, Eunice, NM 88231</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>9</b>	Sec. <b>22S</b>
	Twp. <b>37E</b>	Rge. <b>37E</b>
	Is gas actually connected? <b>Yes</b>	When? <b>Unknown</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

**PC 602**

### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <b>XX</b>	Gas Well	New Well	Workover	Deepen	Plug Back <b>XX</b>	Same Res'v	Diff Res'v <b>XX</b>
Date Spudded <b>8-16-89</b>	Date Compl. Ready to Prod. <b>10-18-89</b>		Total Depth <b>8320</b>		P.B.T.D. <b>7950</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3411 GR</b>	Name of Producing Formation <b>Paddock</b>		Top Oil/Gas Pay <b>5014</b>		Tubing Depth <b>4936 (TA)</b>			
Perforations <b>5014 - 5160</b>					Depth Casing Shoe <b>8320</b>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/4</b>	<b>8 5/8</b>		<b>1168</b>		<b>675 SXS</b>			
<b>7 7/8</b>	<b>5 1/2</b>		<b>8320</b>		<b>1510 SXS</b>			

### 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 <b>9-8-89</b>	Date of Test <b>10-10-89</b>	Producing Method (Flow, pump, gas lift, etc.) <b>rod pump</b>	
Length of Test <b>24</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <b>1</b>	Water - Bbls. <b>47</b>	Gas - MCF <b>19</b>

### 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*  
**Stephen Johnson** Administrative Specialist  
Printed Name Title  
**10-25-89** (915) 688-7548  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved **NOV 2 1989**

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.