

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Exxon Corporation Attn: Stephen Johnson

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 2-1-89 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 J. L. Greenwood	Well No. 16	Pool Name, including Formation Brunson-Ellenburger	Kind of Lease Other Fee	Lease No. N/A
Location				
Unit Letter N : 921.5 Feet From The South Line and 2238.3 Feet From The West				
Line of Section 9 Township 22S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

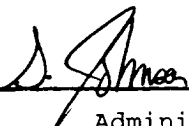
Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Corporation	1609 Main, Eunice, NM 88231
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Texaco, Inc. Prod. Inc.	P.O. Box 728, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit N Sec. 9 Twp. 22S Rge. 37E	No

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.



(Signature)
Administrative Specialist

(Title)
December 6, 1988

(Date)

OIL CONSERVATION DIVISION
DEC 12 1988

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 deviation 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 condition.

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

NOV 1988

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					

Date Spudded	9-17-88	Date Compl. Ready to Prod.	11-2-88	Total Depth	8333	P.B.T.D.	8270
Elevations (Df, RKB, RT, CR, etc.)	GR 3411	Name of Producing Formation	Ellenburger	Top Oil/Gas Pay	8010	Tubing Depth	8221 (SN)
Perforations	8010-8664						
				Depth Casing Shoe	8320		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	12 1/4	CASING & TUBING SIZE	8 5/8	DEPTH SET	1168	SACKS CEMENT	675 SX CLC
	7 7/8		5 1/2		8320		370 SX CLH, 1140 SX CLC

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	11-17-88	Date of Test	11-30-88	Producing Method (Flow, pump, gas lift, etc.)	Pump		
Length of Test	24 Hrs	Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF				

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (Pilot, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size