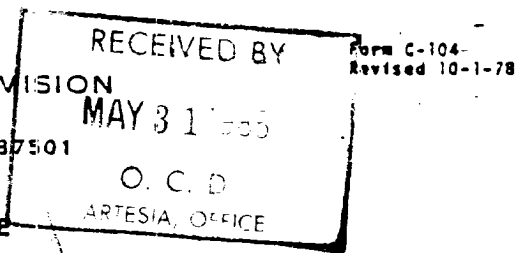


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Exxon Corporation	
Address P. O. Box 1600, Midland, TX 79702	
Reason(s) for filing (Check proper box)	Other (Please explain) GAS MUST NOT BE
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner: _____ THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.	

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico EH State	Well No. 1	Pool Name, including Formation Double-X Delaware	Kind of Lease State, Federal or Fee	State New Mexico	Lease No. V-750
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>2</u> Township <u>24S</u> Range <u>32E</u> , 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"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P. O. Box 1183, Houston, TX 77521
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Not Contracted	
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	No

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 type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res. <input type="checkbox"/>
Date Spudded 3-17-85	Date Compl. Ready to Prod. 4-11-85
Elevations (DF, RKB, RT, CR, etc.) GR-3609 KB-3620 DF-3619	Name of Producing Formation Top Oil/Gas Pay 4962
Perforations 4962 - 4968 w/ 28 shots	Depth Casing Shoe 5233
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"
	DEPTH SET 645'
	SACKS CEMENT 550 sx ClC
	7-7/8"
	5-1/2"
	5233'
	450 sx ClC,
	DV tool at 4683'
	1200 sx PcL

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 all. able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4-11-85	Date of Test 5-28-85	Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hours	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls. 15	Water - Bbls. 50
		Gas - MCF 1

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

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.

[Signature]
(Signature)
Unit Head
(Title)
5-30-85
(Date)

OIL CONSERVATION DIVISION
JUN - 4 1985
APPROVED
ORIGINAL SIGNED BY JERRY SEXTON
BY
DISTRICT 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 deviated 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 multiple completed wells.

RECEIVED

JUN - 3 1985

O.C.D.
HOSES OFFICE