

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

1. OPERATOR

Exxon Corp.

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 ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Approval to flare casinghead gas from
this well must be obtained from the
Minerals Management Service. *BLM*If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	East El Mar Federal	Well No.	1	Pool Name, Including Formation	Wildcat - Ramsey Sand	Kind of Lease	Federal NM	Lease No.	60359
Location	Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East								
Line of Section	27	Township	26S	Range	33E	NMPM,	Lea	Count	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input 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 type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	

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	Gas well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Res.
	X		X					
Date Spudded	7-12-85	Date Compl. Ready to Prod.	8-13-85	Total Depth	5250	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	GR-3300.2, KB-3313.1	Name of Producing Formation	Ramsey Sand	Top Oil/Gas Pay	5083	Tubing Depth	5063	
Perforations	5083-5099, 5106-5110					Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4	8-5/8	673	610					
7-7/8	5-1/2	5245	2150					

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	8-14-85	Date of Test	9-18-85	Producing Method (Flow, pump, gas lift, etc.)	Pump
Length of Test	24	Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil - Bbls.	18	Water - Bbls.	129
				Gas - MCF	21

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. 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.*Melba Knippling*
(Signature)

Unit Head

(Title)

9-25-85

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 3 - 1985

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 deviat.
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only sections I, II, III, and VI for changes of owne
well name or number, or transporter, or other such change of conditioSeparate Forms C-104 must be filed for each pool in multip
completed wells.

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SEP 25 1985
O.C.D.
HOBBS OFFICE