

SANTA FE		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-11	
FILE		AND		Effective 1-1-65	
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL GAS			
OPERATOR					
PRODUCTION OFFICE					
Operator					
Exxon Corporation					
Address					
Box 1600, Midland, Texas 79702					
Reason(s) for filing (Check proper box)		Other (Please explain)		Request permission to	
New Well <input checked="" type="checkbox"/>		Change in Transporter oil		temporary surface commingle Langlie	
Recompletion <input type="checkbox"/>		Oil <input type="checkbox"/>		Mattix Seven Rivers Queen with Fowler	
Change in Ownership <input type="checkbox"/>		Casinghead Gas <input type="checkbox"/>		Upper Yesso.	
		Dry Gas <input type="checkbox"/>			
		Condensate <input type="checkbox"/>			
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Lease No.	
New Mexico "AB" State		6		B-935	
Pool Name, including Formation		Kind of Lease			
Langlie Mattix Seven Rivers Queen		State, PERMIA			
Location					
Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East					
Line of Section 16 Township 24-S Range 37-E , NMPM, Lea County					
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)			
The Permian Corp. Permian (EX. 9 / 1 / 87)		P. O. Box 1183, Houston, Texas 77001			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company		Box 1382, Jal, N.M. 88252			
If well produces oil or liquids, give location of tanks.		Unit		When	
H		16		6-4-79	
24-S		37-E		New Mexico "AB" State	
Yes				Fowler Upper Yesso	
If this production is commingled with that from any other lease or pool, give commingling order number:					
COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well		Gas Well	
X		X		X	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
3-25-79		5-29-79		3650	
Elevations (DF, RKB, RF, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
3272		Seven Rivers Queen		3500	
Perforations		Depth Casing Shoe		P.B.T.D.	
OH 3500-3578		3500'		3578	
				Tubing Depth	
				3490	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
12 1/4		8 5/8 24#		1127	
7 7/8		5" 15#		3500	
TEST DATA AND REQUEST FOR ALLOWABLE (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		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
5-23-79		5-29-79		Flow	
Length of Test		Tubing Pressure		Casing Pressure	
24 Hrs.		60		(340)	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
152		12		140	
				Gas - MCF	
				265	
GAS WELL					
Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF	
Testing Method (pilot, back pr.)		Tubing Pressure (shut-in)		Casing Pressure (shut-in)	
				Choke Size	
CERTIFICATE OF COMPLIANCE					
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					
C. J. Jackson					
(Signature)					
Unit Head					
(Title)					
6-12-79					
(Date)					
OIL CONSERVATION COMMISSION					
APPROVED JUL 20 1979					
BY Larry Nelson					
TITLE SUPERVISOR DISTRICT I					
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 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 re-completed wells.					
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.					

100-103-10000

RECEIVED
JUL 19 1973
O.C.D. HOBBS, OFFICE