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RECEIVED BY
OCT 31 1983
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Exxon Corporation ✓
Address
P. O. Box 1600, Midland, TX 79702

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinhead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Yates C Federal	Well No. 18	Pool Name, including Formation Avalon (Delaware)	Kind of Lease State, Federal or Fee	Lease No. NM-01119
Location Unit Letter <u>J</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>20S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> 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"/> Permian Corporation	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 Casinhead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) 4601 Penbrook St., Odessa, TX 79762
If well produces oil or liquids, give location of tanks. Unit: <u>J</u> Sec.: <u>31</u> Twp.: <u>20S</u> Rge.: <u>28E</u>	Is gas actually connected? <u>Yes</u> When: <u>11-17-83</u>

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) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Reary. <input type="checkbox"/> Diff. Res.																				
Date Spudded: <u>9-15-83</u> Date Compl. Ready to Prod.: <u>10-17-83</u> Total Depth: <u>3885'</u> P.B.T.D.																				
Elevations (DF, RKB, RT, GR, etc.): <u>KB-3245'; GL-3233'</u> Name of Producing Formation: <u>Delaware</u> Top Oil/Gas Pay: <u>3630'</u> Tubing Depth: <u>3666'</u>																				
Perforations: <u>3630-3640'</u> Depth Casinq Shoe: _____																				
TUBING, CASING, AND CEMENTING RECORD																				
<table border="1"> <thead> <tr> <th>HOLE SIZE</th> <th>CASING & TUBING SIZE</th> <th>DEPTH SET</th> <th>SACKS CEMENT</th> </tr> </thead> <tbody> <tr> <td>17 1/2"</td> <td>13 3/8"</td> <td>593'</td> <td>700</td> </tr> <tr> <td>11"</td> <td>8 5/8"</td> <td>2491'</td> <td>925</td> </tr> <tr> <td>7 7/8"</td> <td>5 1/2"</td> <td>3876'</td> <td>525</td> </tr> <tr> <td></td> <td>2 7/8"</td> <td>3666'</td> <td></td> </tr> </tbody> </table>	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	17 1/2"	13 3/8"	593'	700	11"	8 5/8"	2491'	925	7 7/8"	5 1/2"	3876'	525		2 7/8"	3666'	
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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 <u>10-2-83</u>	Date of Test <u>10-20-83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>
Length of Test <u>24 hr.</u>	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls. <u>81</u>	Water - Bbls. <u>344</u> Gas - MCF <u>56</u>

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)
October 28, 1983
(Date)

OIL CONSERVATION DIVISION
APPROVED OCT 31 1983, 19
Original Signed By
BY Leslie A. Clements
TITLE Supervisor District II

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

EXXON COMPANY, U.S.A.
POST OFFICE BOX 10488 • MIDLAND, TEXAS 79702

MIDCONTINENT PRODUCTION DIVISION
SOUTHERN DRILLING ORGANIZATION

E W THOMAS, Manager

W F BURCHARD, Operations Superintendent
K S ROSE, Operations Superintendent
M C WELBORN, Operations Superintendent
J D HOWELL, Engineering Manager

Sept. 28, 1983

LISTED BELOW ARE THE DEVIATION TESTS TAKEN ON YATES FEDERAL "C" #18 :

<u>DEPTH</u>	<u>DEGREES OF DEVIATION</u>
154	1/2
489	1/2
565	3/4
757	1/4
1026	1/4
1119	1/4
1370	1/2
1662	3/4
1932	3/4
2213	3/4
2498	3/4
2962	3/4
3262	1
3590	1
3885	1 1/2

BY P. K. Mendenhall

SWORN TO and subscribed before me this 30th day of September, 1983.

Linda Sue Jones
Notary Public
Midland, Texas

My commission expires: November 1985