

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUL 18 1983

O. C. D.

ARTERIA OFFICE

NO. OF COPIES RECEIVED	
DETERMINATION	<input checked="" type="checkbox"/>
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator Exxon Corporation

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)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Yates Federal "C" Fed.</u>	Well No. <u>8</u>	Pool Name, including Formation <u>Avalon Delaware</u>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <u>NM-01119</u>
Location Unit Letter <u>E</u> : <u>2180</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</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"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P O Box 1183, Houston, TX 77001</u>					
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 <u>F</u>	Sec. <u>31</u>	Twp. <u>20S</u>	Rge. <u>28E</u>	Is gas actually connected? <u>Flare</u>	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 <input checked="" type="checkbox"/>	Gas well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Well, Diff. Prod. <input type="checkbox"/>
Date Spudded <u>12/17/82</u>	Date Compl. Ready to Prod. <u>6/17/83</u>		Total Depth <u>4725</u>		F.B.T.D. <u>2965</u>		
Elevations (DF, RKB, RT, GR, etc.) <u>3280 GR</u>	Name of Producing Formation <u>Delaware</u>		Top Oil/Gas Pay <u>2570</u>		Tubing Depth		
Perforations <u>2570-2694'</u>					Depth Casing Shoe <u>4720</u>		
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
<u>11</u>	<u>8 5/8</u>		<u>602</u>		<u>1200</u>		
<u>7 7/8</u>	<u>5 1/2</u>		<u>4720</u>		<u>904</u>		
	<u>2 7/8</u>		<u>2438</u>				

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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>6/20/83</u>	Date of Test <u>7/1/83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Producing</u>	
Length of Test <u>24 hr.</u>	Tubing Pressure <u>---</u>	Casing Pressure <u>---</u>	Choke Size <u>---</u>
Actual Prod. During Test	Oil - Bbls. <u>26</u>	Water - Bbls. <u>267</u>	Gas - MCF <u>TSTM</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

July 12, 1983

OIL CONSERVATION DIVISION

APPROVED JUL 19 1983, 10

BY Leslie A. Clements  
Supervisor District II

TITLE

This form is to be filed in compliance with RULE 100.

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 identity.

Separate forms must be filed for each pool in multi-compartments.