

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-78

RECEIVED

OCT 14 1982

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |     |
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| SANTA FE               |     |
| FILE                   |     |
| U.S.G.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
| OPERATOR               | GAS |
| PRODUCTION OFFICE      |     |

I. Operator EXXON CORPORATION

Address P.O. Box 1600, MIDLAND, TEXAS 79702

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: ☐ Other (Please explain) REQUEST TESTING ALLOWABLE

Recompletion ☐ Oil ☐ Dry Gas ☐ OF 2500 bbls

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ PERF 9004-9130 2SPF

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

|  |                      |  |  |         |
|--|----------------------|--|--|---------|
| Lease Name<br><u>VATES FEDERAL "C"</u> | Well No.<br><u>2</u> | Pool Name, including Formation<br><u>WOLFECAMP</u> | Kind of Lease<br>State, Federal or Fee <u>NM-21119</u> | Lease N |
| Location                               |                      |  |  |         |
| Unit Letter <u>J</u>                   | : <u>1980</u>        | Feet From The <u>EAST</u> Line and <u>1980</u>     | Feet From The <u>SOUTH</u>                             |         |
| Line of Section <u>31</u>              | Township <u>20-S</u> | Range <u>28E</u>                                   | N.M.P.M. <u>EDDY</u>                                   | 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"/><br><u>THE PERMIAN CORPORATION</u> | Address (Give address to which approved copy of this form is to be sent) |
| 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,<br>give location of tanks.  | Unit <u>J</u> Sec. <u>31</u> Twp. <u>20</u> Rge. <u>28</u>               |
| 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 Res'tv. | Diff. Res |
| Date Spudded                         | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.     |          |        |           |              |           |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |          |        |           |              |           |
| Perforations                         | Depth Casing Shoe           |                 |              |          |        |           |              |           |
| TUBING, CASING, AND CEMENTING RECORD |                             |                 |              |          |        |           |              |           |
| HOLE SIZE                            | CASING & TUBING SIZE        | DEPTH SET       | SACKS CEMENT |          |        |           |              |           |
|                                      |                             |                 |              |          |        |           |              |           |
|                                      |                             |                 |              |          |        |           |              |           |
|                                      |                             |                 |              |          |        |           |              |           |

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 | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

## 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.S. P. Lowe  
(Signature)SR ADMIN  
(Title)10-12-82  
(Date)

## OIL CONSERVATION DIVISION

APPROVED OCT 18 1982, 19BY Original Signed By  
Leslie A. Clements  
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1.

If this is a request for allowable for a newly drill  
well, this form must be accompanied by a tabulation  
tests taken on the well in accordance with RULE 1.

All sections of this form must be filled or  
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI  
well name or number, or transporter, or other such

Separate Forms C-104 must be filed for each  
completed wells.