4-POINT TEST 10-14-82

1ST HR AFTER FLWG TP 1831# 5.5/64 CK 250 MCF, 3 BBL COND

2ND HR 1647# TP 9.5/64 CK, 410 MCF, 19 BBL CONDENSATE

3RD HR 1390# TP, 11/64 CK, 630 MCF, 14 BBL CONDENSATE

4TH HR 1390# TP, 12/64 CK, 660 MCF 15 BBL , 2BBL WTR

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-1-78

AUG 16 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, TEXAS 79702

Reason(s) for filing (Check proper box)

- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
YATES "C" FEDERAL	2	NORTH BURTON FLAT WOLFCAMP	State, Federal or Fee NM-01119	

Location

Unit Letter J : 1980 Feet From The EAST Line and 1980 Feet From The SOUTH

Line of Section 31 Township 20S Range 28E NMPM. EDDY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
THE PERMIAN CORPORATION (87)	P.O. BOX 1183 HOUSTON, TEXAS 77001
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
PHILLIPS PETROLEUM COMPANY	4001 PENBROOK ST, ODESSA, TEXAS 79762

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	31	20S	28E	YES	8-12-83

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'v.	Diff. Res
		✓	✓					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-7-83	10-9-82	11901	11820
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3237 GR	WOLFCAMP	9004	8901
Perforations			**Depth Casing Shoe**
9004 – 9130 (214 SHOTS)			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	13 3/8	588	600
12 1/4	9 5/8	3027	1250
8 3/8	5½	11901	1780
	2 7/8	8901	—

V. 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)*

OIL WELL

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 SEE 4-POINT ON BACK

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
FOF 206			
Testing Method (pitot, back pr.)	**Tubing Pressure**	**Casing Pressure**	**Choke Size**