

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

RECEIVED

MAR 08 '88

O. C. ID.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	☒
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LAND OFFICE	☐
OIL	☒
GAS	☒
OPERATION	☒
PRODUCTION OFFICE	☐

Operator Exxon Corporation ✓ Attn: Permits Supervisor	
Address P. O. Box 1600, Midland, TX 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Contracted condensate hauler
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Gas ☐ Condensate ☒	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Yates Federal C Feb.	Well No. 19	Pool Name, including Formation Burton Flat - Morrow	Kind of Lease MAY, Federal MAY	Lease N NM- 01119
Location Unit Letter <u>8E</u> ; 1949 Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>4</u> Township <u>21S</u> Range <u>27E</u> , NMPM, Eddy Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320, Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit 5	Sec. 4	Twp. 21S	Range 27E	Is gas actually connected? Yes	When 8-22-83

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.	Duff 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			
						Post ID-3			
						3-11-88			
						Add LT:PER			

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)

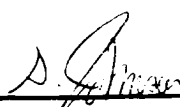
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Tooling Method (pistol, 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.


(Signature)
Stephen Johnson, Administrative Specialist
(Title)
3-7-88
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 11 1988, 19____
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

This form is to be filed in compliance with Rule 111.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviat
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owne
well name or number, or transporter, or other such change of conditSeparate Forms C-104 must be filed for each pool in multip
completed wells.