

OIL CONSERVATION DIVISION

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Form C-104
Revised 10-1-78

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

MAY 27 1983

O. C. D.

REQUEST FOR ALLOWABLE
AND
ARTESIA, OFFICE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator
Exxon Corporation ✓

Address
P. O. Box 1600, Midland, TX 79702

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Yates Federal C</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Avalon (Delaware)</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-01119</u>
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</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"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1183, Houston, TX 77251</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>A</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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>12-1-82</u>	Date Compl. Ready to Prod. <u>1-6-83</u>	Total Depth <u>4701'</u>		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) <u>KB-3247; GR-3235'</u>	Name of Producing Formation <u>Delaware Sand</u>	Top Oil/Gas Pay <u>2574'</u>		Tubing Depth <u>4648'</u>				
Perforations <u>2574-2818</u>		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>618'</u>		<u>400</u>				
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>4701</u>		<u>1050</u>				
	<u>2 7/8"</u>	<u>4648'</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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>1-6-83</u>	Date of Test <u>5-14-83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>		Choke Size <u>Post FD-2 6-3-83 Comp BK</u>
Length of Test <u>24.0 hrs</u>	Tubing Pressure	Casing Pressure		
Actual Prod. During Test	Oil-Bbls. <u>85</u>	Water-Bbls. <u>63</u>	Gas-MCF <u>TSTM</u>	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

Melva Kripling
(Signature)
Unit Head
(Title)
May 25, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 31 1983, 19
Original Signed by
BY Leslie A. Clements
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 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 changes of conditions.
Separate Form C-104 must be filed for each pool in multi-compartments wells.

EXXON COMPANY, U.S.A.
POST OFFICE BOX 230 • MIDLAND, TEXAS 79702

MIDCONTINENT PRODUCTION DIVISION
MIDLAND DRILLING ORGANIZATION
H.G. DAVIDSON
DRILLING MANAGER

Dec. 22, 1982

LISTED BELOW ARE THE DEVIATION TESTS TAKEN ON YATES FEDERAL "C" NO. 4 : ✓

<u>DEPTH</u>	<u>DEGREES OF DEVIATION</u>
120	3/4
240	1
330	1
450	3/4
580	3/4
913	1
1450	1
1914	2
2134	2
2353	2 1/2
2667	2 1/2
2824	2 3/4
3071	2 1/2
3264	2 3/4
3384	2 3/4
3573	2 3/4
3703	2 1/2
3890	2 1/2
4104	2 3/4
4203	2 3/4
4390	2 3/4
4680	2 1/4

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MAY 27 1983
O. C. D.
ARTESIA, OFFICE

BY Pamela Mendenhall

SWORN TO AND subscribed before me this 22nd day of December, 1982.

Selen G. Wood
Notary Public
Midland, Texas

My commission expires: 7-6-85