

Submit 5 copies  
Appropriate District Office  
**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED

MAR 18 1992

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>EXXON CORPORATION</b>	Well API No. <b>3001524332</b>
Address <b>ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <b>OIL TRANSPORTER TO CHANGE EFFECTIVE</b>
Recompletion <input type="checkbox"/>	<b>04/01/92</b>
Change in Operator <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name  
and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>YATES C FEDERAL</b>	Well No. <b>5</b>	Pool Name, Including Formation <b>AVALON DELAWARE</b>	Kind of Lease State, Federal or Fee <b>FEDERAL</b>	Lease No. <b>NM-01119</b>
Location Unit Letter <b>B</b> : <b>660</b> Feet From The <b>NORTH</b> Line and <b>660</b> Feet From The <b>WEST</b> Line Section <b>31</b> Township <b>20-S</b> Range <b>28-E</b> , NMPM, <b>EDDY</b> 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"/> <b>PRIDE PIPELINE CO.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. BOX 2436, ABILENE, TX 79604</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>PHILLIPS 66 NATURAL GAS CO.</b>	Address (Give address to which approved copy of this form is to be sent) <b>4601 PEMBROOK ST., ODESSA, TX 79762</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>31</b>	Twp. <b>20-S</b>	Rge. <b>28-E</b>	Is gas actually connected? <b>YES</b>	When? <b>08/12/83</b>

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'v
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			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

<b>OIL WELL</b> (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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <i>posted in 3 27-92</i>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas-MCF <i>LT FOR</i>

**GAS WELL**

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

**VI. OPERATOR 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

**Don J. Bates**

Printed Name

**03/12/92**

Date

**Administrative Specialist**

Title

**(915) 688-7119**

Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved

**MAR 23 1992**

By

**ORIGINAL SIGNED BY**

**MIKE WILLIAMS**

Title

**SUPERVISOR, DISTRICT II**

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepend well must be accompanied  
by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

OIL CONSERVATION DIVISION

Drawer DD Artesia, N.M.

DISTRICT OFFICE II

May thru August 1987

NO. 2019 R

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE May 6, 1987

PURPOSE ALLOWABLE ASSIGNMENT - REVISION

Effective May 1, 1987 the allowable for the following well for  
Exxon Corp. in the Avalon Delaware Pool is hereby revised as indicated.

YATES C FEDERAL #5-D-31-20-28

Increase to 45 BOPD

May Total	- 1395 bbls.
June Total	- 1350 bbls.
July Total	- 1395 bbls.
August Total	- 1395 bbls.

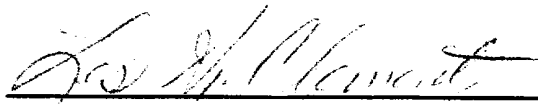
LAC/rm

Exxon Corp.

PER

PPC

OIL CONSERVATION DIVISION



DISTRICT SUPERVISOR