	· · · · · · · · · · · · · · · · · · ·	i a contra dina para series di	
STATE OF NEW MEXICO PIGY AND MINFRALS DEPARTMENT		RECEI	VED Form C-104 Revised 10-1-76
. ** *** ******	OIL CONSERVA	TION DIVISION	
CIST MINUTION	P. O. 10		1983
TILE	SANTA FE, NEV	W MEXICO 87501	Υ.
V.1.0.1.		O . C .	D
LAND OFFICE	REQUEST FO	R ALLOWABLE ARTESIA, O	OFFICE
TRANSPORTER DIL		ND	10 M
OPERATOR	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL G	AS I TIM
PROMATION OFFICE			
Operator			111111
Exxon Corporation			
Address			
P. O. 1600, Midl Reason(s) for filing (Check proper l	and, TX 79702	Other (Please esplas	
New Well	Change in Transporter of:		
Recompletion			EAD GAS MUST NOT BE
Change in Ownership	Cosinghead Gas Conder		
		Unitess	
If change of ownership give name		IS OBTAIL	NED.
and address of previous owner			
DESCRIPTION OF WELL AN	DIFASE		
Lease Name	Well No. Pool Name, Including F		of Lease Ma
Yates Federal C	7 Avalon (Delaw	state) State	Foderal or Foo NM-0111
Location			
	980 Feet From The North Lin	ne.and <u>1980</u> Feet	From The East
Unit Letter <u> </u>	<u>.</u>		
Line of Section 31	Township 205 Range	28E . NMPM,	Eddy Count
Line of Section 31	203	2011	
DECICA ATION OF TRANSPO	RTER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of	Cii X or Condensate	Address (Give address to which	h approved copy of this form is to be sent)
		P. O. Box 1183 H	ouston TX 77521
Permian Corporation Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which	h approved copy of this form is to be sent)
	Unit Sec. Twp. Rge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	G 31 20S 28E	Flare	l
And the second			er:
If this production is commingled COMPLETION DATA	with that from any other lease or pool,	Ere commissing order name	
	Oil Well Gas Well	New Well Workover Dee	pen Plug Back Same Resty, Diff. Res
Designate Type of Comple	tion = (X)	X	1 1 1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
·	12-30-82	4700'	
12-2-83 Elevations (DF, RKB, RT, GR, etc.		Top Oil/Gas Pay	Tubing Depth
KB-3248: GL-3234'	Delaware Sand	3448'	3405'
Perforations			Depth Casing Shoe
3448-3650' w/182 sh	ots		
<u></u>	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	618'	400
7 7/8"	5 1/2"	4693'	1215
	2 7/8"	3405	
		<u> </u>	<u>i</u>
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fer recovery of total volume of l	oad oil and must be equal to or exceed top al
OIL WELL	able jor this de	pth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	, gas infin eren ford the
12-30-82	5-17-83	Pump	Choke Size
12-30-82 Length of Test	Tubing Pressure	Casing Pressure	
24.0 hours	98#		Gas - MCF
Actual Prod. During Test	Oil-Bble.	Water - Bbls.	
	121	233	93
			$\langle N \rangle$
GAS WELL			
Actual Frod. Test-MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate
		<u> </u>	Charles Free
Testing Method (pirot, back pr.)	Tubing Presews (shut-in)	Cosing Pressure (Shut-in)	Choke Size
		l	
CERTIFICATE OF COMPLIA	INCE		RVATION DIVISION
		.11IN	1 5 1983
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.		BY Leslie A. Clements	
	-	TITLE Supervi	sor District II
			ed in compliance with RULE 1.00.
Da. a.	riplina	11	a allowable for a newly drilled or deeps
Illeta Ar	upung		womnented by a tebuielion of the users
· (Si	gnature)	If a set a trans on the well if	ACCORDANCE WITH ROUM TITL
Unit Head		All sections of this f	orm must be filled out completely for all
,	(Tisle)	able on new and recomple	ated wells.
May 25, 1		If well name or number, or tri	anaporter, or other such chemics of condition
	(bute)	Separate Furne C-10	14 must be filed for each pool in multi
		nompleted write.	