

AUG 15 1983

O. C. D.  
ARTESIA, OFFICE

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PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator: EXXON CORPORATION

Address: P.O. Box 1600 MIDLAND, TEXAS 79702

Reason(s) for filing (Check proper box):

New Well  Recompletion  Change in Ownership

Check in Transporter of: ADA

Oil  Casinghead Gas  Dry Gas  Condensate

Other (Please explain): PHILLIPS STARTED TAKING GAS

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: VATES C FEDERAL Well No.: 7 Pool Name, including Formation: AVALON DELAWARE Kind of Lease: State, Federal or Fee NM-0119 Lease No.:

Location: Unit Letter G; 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line of Section 31 Township 20S Range 28E NMPM, EDDY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate : THE PERMIAN CORPORATION (Permit No. 9/1/87) Address: P.O. Box 1183, HOUSTON, TEXAS 77001

Name of Authorized Transporter of Casinghead Gas  or Dry Gas : PHILLIPS PETROLEUM COMPANY Address: 4001 PENBROOK ST ODESSA, TEXAS

If well produces oil or liquids, give location of tanks: Unit G Sec. 31 Twp. 20S Rge. 28E Is gas actually connected? YES When 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 Resrv.	Diff. 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			
						<u>10-3</u> <u>10-2-83</u> <u>10-2-83</u> <u>10-2-83</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 all 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/MMCF	Gravity of Condensate
Testing Method (pilot, 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]  
(Signature)  
SR. ADMIN  
(Title)  
8-11-83  
(Date)

OIL CONSERVATION DIVISION  
AUG 15 1983

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_ Original Signed By  
Leslie A. Clements  
TITLE \_\_\_\_\_ 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 deviated 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 change of conditions. Separate Forms C-104 must be filed for each pool in multiple.