

## OIL CONSERVATION DIVISION

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

AUG 15 1983

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

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SANTA FE	<input checked="" type="checkbox"/>
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LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

I. OPERATOR

Operator EXXON CORPORATION

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

Reason(s) for filing (Check proper box)

New Well ☐ ADD Change in Transporter of: PHILLIPS STARTED TAKING GAS

Recompletion ☐

Change in Ownership ☐

Oil ☐ Dry Gas ☐

Casinghead Gas ☒ Condensate ☐

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>VATES "C" FEDERAL</u>	Well No. <u>8</u>	Pool Name, including Formation <u>AVALON DELAWARE</u>	Kind of Lease State, Federal or Fee <u>NM-21119</u>	Lease N
Location Unit Letter <u>E</u> : <u>2180</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u>				
Line of Section <u>31</u> Township <u>20S</u> Range <u>28E</u> NMPM, <u>EDDY</u> Corner				

## 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> (Eff. 9/1/87)	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183, HOUSTON, TEXAS 77001</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>PHILLIPS PETROLEUM COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 PEXBROOK ST, DRESSA, TEXAS</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>31</u>	Twp. <u>20S</u>	Ref. <u>28E</u>	Is gas actually connected? <u>YES</u>	When <u>8-12-83</u>

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'
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			

## 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.

L. H. L...  
(Signature)  
SR. ADMIN.  
(Title)  
8-11-83  
(Date)

## OIL CONSERVATION DIVISION

APPROVED AUG 15 1983, 19BY 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 condition. Separate Forms C-104 must be filed for each pool in multiple.