

MAY 27 1983

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

O. C. D.  
OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PROMOTION OFFICE	

Operator  
**Exxon Corporation**

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

Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Yates Federal C</b>	Well No. <b>9</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>H</b> : <b>1980</b> Feet From The <b>North</b> Line and <b>560</b> Feet From The <b>East</b> Line of Section <b>31</b> Township <b>20S</b> Range <b>28E</b> , NMPL, <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>Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1183, Houston, TX 77521</b>	
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 Sec. Twp. Rge. <b>H 31 20S 28E</b>	Is gas actually connected? When <b>Flare</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) <b>X</b>	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Resv. Diff. Res <input type="checkbox"/>		
Date Spudded <b>12-30-82</b>	Date Compl. Ready to Prod. <b>5-15-83</b>	Total Depth <b>4712'</b>	P.B.T.D.
Elevations (DF, RAB, RT, GR, etc.) <b>KB 3352'</b>	Name of Producing Formation <b>Delaware Sand</b>	Top Oil/Gas Pay <b>3580'</b>	Tubing Depth <b>3400'</b>
Perforations <b>3580-3662</b>			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12 1/4"</b>	<b>8 5/8"</b>	<b>617'</b>	<b>450</b>
<b>7 7/8"</b>	<b>5 1/2"</b>	<b>4700'</b>	<b>905</b>
	<b>2 7/8"</b>	<b>3400'</b>	

V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

Date First New Oil Run To Tanks <b>5-14-83</b>	Date of Test <b>5-16-83</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	Post ID-2 6-3-83 Campy BK (X)
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>235</b>	Casing Pressure	
Actual Prod. During Test <b>256</b>	Oil-Bbls. <b>256</b>	Water-Bbls. <b>391</b>	
		Choke Size <b>20/64"</b> Gas-MCF <b>182</b>	

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.

*Melba Knippling*  
(Signature)

Unit Head  
(Title)

May 26, 1983  
(Date)

OIL CONSERVATION DIVISION

APPROVED **MAY 31 1983**, 12  
Original Signed By  
BY **Leslie A. Clements**  
TITLE **Supervisor District II**

This form is to be filed in compliance with RULE 11.03.  
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 11.1.  
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 a multi-lease. Form C-104 must be filed for each pool in multi-