

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-1-78

AUG 15 1983

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | | |
|------------------------|-----|---|
| No. of Copies Received | | |
| DISTRIBUTION | | |
| SANTA FE | | ✓ |
| FILE | | ✓ |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | ✓ |
| | GAS | ✓ |
| OPERATOR | | ✓ |
| REGISTRATION OFFICE | | |

I. Operator EXXON CORPORATION

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

Reason(s) for filing (Check proper box)

| | | | |
|---------------------|--------------------------|--|--------------------------------|
| New Well | <input type="checkbox"/> | ADD | Other (Please explain) |
| Recompletion | <input type="checkbox"/> | Change in Transporter of: | <u>PHILLIPS STARTED TAKING</u> |
| Change in Ownership | <input type="checkbox"/> | Oil <input type="checkbox"/> | <u>GAS.</u> |
| | | Casinghead Gas <input checked="" type="checkbox"/> | |
| | | Dry Gas <input type="checkbox"/> | |
| | | Condensate <input type="checkbox"/> | |

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------------------|-------------|--------------------------------|-----------------------|-------------------|
| Lease Name | Well No. | Pool Name, including Formation | Kind of Lease | Lease N |
| <u>VATES "C" FEDERAL</u> | <u>10</u> | <u>AVALON DELAWARE</u> | State, Federal or Fee | <u>NM-01119</u> |
| Location | | | | |
| Unit Letter | <u>K</u> | Feet From The | <u>SOUTH</u> | Line and |
| | <u>1980</u> | | <u>1980</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> |
| | | | | Count |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>THE PERMIAN CORPORATION</u> Permian LEH. 9/1/1871 | <u>PO Box 1183, HOUSTON TEXAS 77001</u> |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>PHILLIPS PETROLEUM COMPANY</u> | <u>4001 PEN BROOK ST. ODESSA, TEXAS</u> |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When |
| Unit <u>N</u> Sec. <u>31</u> Twp. <u>20S</u> Rge. <u>28E</u> | <u>YES</u> <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 Resrv. | Drill Rec |
| 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.

S. A. Kline
(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 name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filled for each pool in multiple.