Submit 5 copies
Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT IJ P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

MAR 18 1992

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	BE01		nta Fe, New IV				O. C. D			
	-		OR ALLOWAB Ansport oil					174		
TO TRANSPORT OIL AND NATURAL GAS Operator Well A										
EXXON CORPORA		3001524378								
Address ATTN: REGULAT P. O. BOX 160 MIDLAND, TX	79702									
Reason(s) for Filing (Check proper box) New Well	6	hana ia Ta			Other (Please explain)					
Recompletion	Change in Transporter of: Oil TRANSPORTER TO CHANGE EFFECTIVE Oil Dry Gas 04/01/92									
Change in Operator	Casinghead		Condensate		04/01/ /2					
If change of operator give name	·									
and address of previous operator II. DESCRIPTION OF W	ELL AN	ND LEA	ASE							
Lease Name YATES C FEDERAL	Well No. Pool Name, Including					State, F	of Lease Federal or Fee DERAL Lease No. NM-01119			
Location		<u> </u>	TATALON SECTION			_,		· k · · · · · · · · · · · · · · · · · · ·		
Unit LetterP	_ ; <u>6</u>	60	Feet From The S	DUTH L	ine and660	Fee	t From The	EAST	Line	
Section 31 Townshi	p 20-S	<u> </u>	Range 28-E		, NMPM,		EDDY		County	
III. DESIGNATION OF T										
Name of Authorized Transporter of Oil X or Condensate PRIDE PIPELINE CO.					Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2436, ABILENE, TX 79604					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas PHILLIPS 66 NATURAL GAS CO.					Address (Give address to which approved 4601 PEMBROOK ST.,					
If well produces oil or liquids, give location of tanks.	Unit	Sec. 1 31	Twp. Rge. 28-E	ls gas actual	ly connected?	When?	/16/83			
If this production is commingled with that IV. COMPLETION DATA		her lease or	pool, give comminglin	g order numl	er					
Designate Type of Complet		Oil Well	Gas Well	New Well	Workover D	eepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Producing F	ormation	Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
	Ti	IBING	CASING AND	CEMEN	TING RECC	ORD	<u> </u>			
HOLE SIZE	7		TUBING SIZE	DEPTH SET			SACKS CEMENT			
			·	-				 -		
V. TEST DATA AND REQ	DUEST	FOR A	LLOWARLE							
OIL WELL (Test must be after r	_			equal to or e	xceed top allowable	for this de	pth or he for full	24 hours.)		
Date First New Oil Run To Tank	Date of Te	est		Producing N	Method (Flow, pum	p, gas lift,	etc.)	~*	1 77 - n	
Length of Test	Tubing Pressure			Casing Pressure			Choke Size 3-3-32			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas-MCF & J. T. Cores			
CAC WELL	_ [· · · · · ·		1 , ,			I			
GAS WELL Actual Prod Test - MCF/I)	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot,back pr.)	Tuhing Programs (Charles)			Casing Pressure (Shut-in)			Choke Size			
results Wethou (phot,back pr.)	Tubing Pressure (Shut-in)			Samily ressure [Saut-in]			Chuke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					MAD a a special					
and and complete to the design my injurious and belief.					e Approved	ก	AR 2 3 1	952		
Signature					ORIO	INA! C	SCHEN DY	• •		
Don J. Bates	By ORIGINAL SIGNED BY THE MIKE WILLIAMS									
Printed Name	The				SUPF			TIP		
03/12/92 Date	(688-/119 phone No.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepend well must be accompanied
- by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.