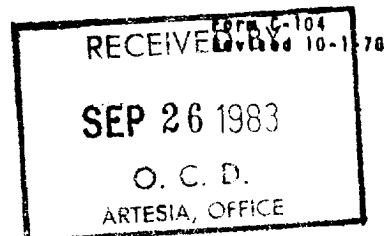


OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	

Operator  
**Exxon Corporation**

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

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Yates C. Federal</b>	Well No. <b>17</b>	Pool Name, Including Formation <b>Avalon (Delaware)</b>	Kind of Lease <b>Federal</b>	Lease No. <b>NM-01119</b>
Location				
Unit Letter <b>C</b>	<b>760</b>	Feet From The <b>North</b>	Line and <b>1980</b>	Feet From The <b>West</b>
Line of Section <b>31</b>	Township <b>20S</b>	Range <b>28E</b>	NMPM, <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 Permian (Eff 9/1/87)</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1183, Houston, Tx 77001</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>4001 Penbrook St., Odessa, TX 79762</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>31</b>
	Twp. <b>20S</b>	Rge. <b>28E</b>
	Is gas actually connected? <b>Yes</b> When <b>9/18/83</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)	Oil Well <input checked="" 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"/>	Some Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded <b>8/26/83</b>	Date Compl. Ready to Prod. <b>9/18/83</b>		Total Depth <b>3897</b>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <b>3260' GR</b>	Name of Producing Formation <b>Delaware</b>		Top Oil/Gas Pay <b>3562</b>		Tubing Depth <b>3397</b>			
Perforations <b>3562-3626</b>					Depth Casing Shoe			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13-3/8	606'	1050
11	8-5/8	2482'	903
7 7/8	5-1/2	3887'	775
	2 7/8	3397	

## 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <b>9/18/83</b>	Date of Test <b>9/19/83</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	
Length of Test <b>24</b>	Tubing Pressure <b>640</b>	Casing Pressure	Choke Size <b>16/64"</b>
Actual Prod. During Test	Oil-Bbls. <b>180</b>	Water-Bbls. <b>46</b>	Gas-MCF <b>224</b>

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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

9-29-83

(Date)

(Date)

## OIL CONSERVATION DIVISION

APPROVED **SEP 26 1983**

BY **Original Signed By**  
**Leslie A. Clements**

TITLE **Supervisor District II**

This form is to be filed in compliance with RULE 111.

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 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.

Sections I through VI must be filled for each pool in multi-