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OIL	<input checked="" type="checkbox"/>
GAS	<input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Exxon Corporation ✓  
Address  
P. O. Box 1600, Midland, Texas 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)  
CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 4-19-84  
UNLESS AN EXCEPTION FROM  
THE B. L. M. IS OBTAINED  
If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Burton Flat "B" Fed	Well No. 2	Pool Name, including Formation Undesig. Avalon Bone Springs	Kind of Lease State Federal or <del>XXX</del>	Lease NM-46275
Location Unit Letter <u>A D</u> : 407 Feet From The <u>North</u> Line and 660 Feet From The <u>West</u> Line of Section 1 Township 21S Range 27E, NMPM, Eddy, Coon				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, TX 77001	
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 <u>D</u> Sec. 1 Twp. 21S Rge. 27E	Is gas actually connected? <u>Flared</u> When _____

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"/>	Same Res'v. <input type="checkbox"/>	Diff. Re <input type="checkbox"/>
Date Spudded 1-11-84	Date Compl. Ready to Prod. 2-25-84		Total Depth 5780		P.B.T.D. 5700			
Elevations (DF, RKB, RT, GR, etc.) GR-3198'	Name of Producing Formation Delaware Bone Springs		Top Oil/Gas Pay 5316		Tubing Depth 5300			
Perforations 5316-5525					Depth Casing Shoe			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	593	950
11	8 5/8	2322	1375
7 7/8	5 1/2	5780	904
	2 7/8	5300	

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 oil  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 2-21-84	Date of Test 2-27-84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 330	Casing Pressure	Choke Size 24/64"
Actual Prod. During Test	Oil - Bbls. 107	Water - Bbls. 0	Gas - MCF 414

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

*Michael P. ...*  
(Signature)

Unit Head

(Title)

3-13-84

(Date)

## OIL CONSERVATION DIVISION

MAR 19 1984

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

Original Signed By  
BY Leslie A. ClementsSupervisor District II  
TITLE \_\_\_\_\_

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 deviat.  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allo-  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owne-  
well name or number, or transporter, or other such change of conditio-