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SANTA FE, NEW MEXICO 87501

FEB 28 1985

REQUEST FOR ALLOWABLE  
ANDO. C. D.  
ARTESIA OFFICE

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 ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☒Dry Gas ☐Condensate ☐

Other (Please explain)

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
ROY RENFROE	1	EAST AVALON-BONES SPRING	State, Federal or Fee	
Location				
Unit Letter <u>N</u> : <u>3300</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>WEST</u>				
Line of Section <u>1</u> Township <u>21-S</u> Range <u>27-E</u> , NMPM, <u>EDDY</u> Count				

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

SCURLOCK PERMIAN CORP EFF 9-1-91

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)
PERMIAN CORPORATION Permian (Eff. 9-1-1987)	P.O. Box 1183, HOUSTON, TEXAS 77001
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)
PHILLIPS PETROLEUM CO	4001 PENBROOK ST. DRESSA, TEXAS 79702
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	<u>N</u> <u>1</u> <u>21S</u> <u>27E</u>
	Is gas actually connected? When
	<u>YES</u> <u>1-20-85</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.	Diff. Res.
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.

J. H. Lowe  
(Signature)SR. ADMIN  
(Title)2-20-85  
(Date)

## OIL CONSERVATION DIVISION

MAR 6 1985

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 deviatk 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.

Separate Forms C-104 must be filed for each pool in multip completed wells.