

RECEIVED BY
OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
JAN 16 1985
O. C. D. REQUEST FOR ALLOWABLE
AND
TRANSPORTATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.M.S.	<input checked="" type="checkbox"/>
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

I. OPERATOR

Operator: EXXON CORPORATION

Address: Box 1600, MIDLAND, TEXAS 79702

Reason(s) for filing (Check proper box)

New Well Add Other (Please explain)

Recompletion Change in Transporter of:

Change in Ownership Oil Dry Gas
Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>STOTT FEDERAL</u>	Well No. <u>2</u>	Pool Name, including Formation <u>EAST AVALON-BONESPRING</u>	Kind of Lease State, Federal or Fee <u>NM-4P256</u>	Lease N
Location				
Unit Letter <u>F</u>	<u>1392.3</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u>			
Line of Section <u>1</u>	Township <u>21S</u>	Range <u>27E</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)			
<u>PERMIAN CORPORATION</u>	<u>PO BOX 1183, HOUSTON, TEXAS 77001</u>			
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)			
<u>PHILLIPS PET CO.</u>	<u>4001 PEXAROOK, ODESSA TEX 79762</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>1</u>	Twp. <u>21S</u>	Rge. <u>27E</u>
	Is gas actually connected? <u>YES</u>		When <u>12-12-84</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 Res'v.	Diff. Res
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			
					<u>POSTED-3</u>			
					<u>1-25-85</u>			
					<u>Add GT-PP</u>			

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.

D. F. Lowe
(Signature)
SR. ADMIN
(Title)
1-11-85
(Date)

OIL CONSERVATION DIVISION
JAN 21 1985

APPROVED _____, 19____

BY Leslie A. Clements
Original Signed By
Supervisor 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 deviate 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 conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.