Submit 5 copies Appropriate District Office <u>DISTRICT J</u> P.O. Box 1980, Hobbs, NM 88240	State of N hergy, Minerals and Nat	vew Mexico tural Resources De ₁ me	ent	Form C-104 Revised 1-1-89 See Instructions	
DISTRICT II		ATION DIVISION		at Bottom of Page	
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III	_	Box 2088 Mexico 87504-2088	JAN 1 9 1	994 C	
1000 R10 Brazos Rd., Aztec, NM 8741	REQUEST FOR ALLOWAI	BLE AND AUTHORIZ		U U	
Operator		L AND NATURAL GA	Well API No.		
PRESIDIO OI	RKWAY	·	300	3001524838	
SUITE 750, ENGLEWOOD, Reason(s) for Filing (Check proper bo.	P.O. Box 6525 CO 8015 5-6525	Other (Please expl	cin l		
New Well	Change in Transporter of:	U Outer (Prease expr	an)		
Change in Operator	Oil Dry Gas Casinghead Gas Condensate				
If change of operator give nameE	XXON CORP., P. O. BO	X 1600, MIDLAND	, TEXAS 7970		
II. DESCRIPTION OF					
Lease Name STOTT FEDERAL	Well No. Pool Name, Includir 2	•	Kind of Lease State, Federal or Fee	Lease No. NM 40256	
Location	EAST AVALON I	BONE_SPRINGS	FEDERAL		
Unit LetterF		NORTH Line and 198	0 Feet From The	WEST Line	
Section 1 Towr	nship 21S Range 27E	, NMPM,	EDDY	County	
				J	
Name of Authorized Transporter of Oi		ND NATURAL GAS Address (Give address to which a	upproved copy of this form	is to be sent)	
Scurlock Permian Co Name of Authonized Transporter of Ca					
GPM Gas Corporation		Box 5050, Bartl			
if well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgc.	Is gas actually connected?	When?		
		Yes	Unknown		
V. COMPLETION DA					
Designate Type of Comp	letion - (X)	New Well Workover De	Plug Back	ame Res'v Diff Res'v	
Pate Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	L	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations			Depth Casing S	ihoe	
	TUBING, CASING ANI	CEMENTING RUCO			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		CKS CEMENT	
			POSt	ectid=3	
				2-4-94	
				19 · C. / .	
	EQUEST FOR ALLOWABLE				
Date First New Oil Run To Tank	er recovery of total volume of load oil and must l Date of Test	Producing Method (Flow, pump	<u>for this depth or be for ful</u> , gas lift, etc.)	24 hours.	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
-			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas-MCF		
	L		I		
GAS WELL Actual Prod Test - MCF/D	Length of Test	Bbls. Condensate MMCF	Gravity of Con	densate	
·			Gravity of Con	activate.	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shui-in)	Choke Size		
VI. OPERATØR CERTI	FICATE OF COMPLIANCE	OIL CC	NSERVATION	DIVISION	
I hereby certify that the rules and reg Division have been compiled with an	plations of the Oil Conservation				
true and complete to the best of my k	nowledge and belief.	Date Approved	JAN 28	1994	
N. Alw	Mid-Continent &			TPTCT IT	
Signature D. Steven Tipton, H	P.E. Gulf Coast Op. Mgr.	By	SUPERVISOR, DIS	.;;'	
Printed Name	Title	Title	301-		
11/01/93 Date	303 850-1980 Telephone No.				
	s form is to be filed in compliance for newly drilled or deepend well n				
by tabulation of deviation	n tests taken in accordance with Ru	ule 111.			
2) All sections of this for	m must be filled out for allowable.	on new and recompleted	welle		

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.