	· · · · · · · · · · · ·	· · · · · ·	•				
STATE OF NEW MEXICO			The second s				
NERGY AND MINERALS DEPARTM		•	RELEVIDEN BY104				
	OIL CONSEF	RVATION DIVISION	Revised 10-1-8				
DISTRIBUTION	P. O	. BOX 2088	APR 16 1985				
Pile V	SANTA FE, I	NEW MEXICO 87501					
U.S.G.S.			0. C. D.				
LAND OFFICE			ARTESIA, OFFICE				
TRANSPORTER OIL V	REQUEST	FOR ALLOWABLE	Carden 2000 Security of the second security of the second s				
OPERATOR	ALITHORIZATION TO TO	AND					
PROMATION OFFICE		ANSPORT OIL AND NATURAL G	AS				
Operator							
Exxon Corporation							
Address							
P. O. Box 1600, Mi							
Reason(s) for filing (Check prop	tr bozj	Other (Please explain	1				
New Well X	Change in Transporter of:		<i>,</i>				
Recompletion		y Gas					
Change in Ownership	Casinghead Gas 🗌 Ca						
If change of ownership give na							
and address of previous owner							
DESCRIPTION OF WELL A	ND I FASE						
Lease Name	Weil No. Pool Name, Includin	g Formation Kind of	1				
Burton Flat E Fede:	ral 2 Delaware Sa	5011	Lease				
Location		- WROR F	ederal or Free NM-46275				
Unit Letter M	990 Feet From The South	990					
······································	reet From The	Line and Feet F	rom The				
Line of Section 1	Township 215 Range	27E NMPM	Eddy				
DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL	GAS SCURLOCK P	ERMIAN CORP EFF 9-1-91				
Name of Authorized Transporter o	f Oll 🔯 or Condensate		pproved copy of this form is to be sent!				
The Permian Corport	ation Perman Permanant	P. O. Box 1183, Hous	stop TX 77001				
Name of Authorized Transporter of		Address (Give address to which a	pproved copy of this form is to be sens;				
Phillips Petroleum	Corp.	336 H.S.&L. Bldg F	artlesville, OK 74004				
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	, When				
give location of tanks.	<u>M</u> 1 21S 27	E Flared	1 1				
If this production is commingled	with that from any other lesse or poo						
COMPLETION DATA		i, give commingling order number:					
Designate Type of Comple	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Re				
		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
2-20-85	3-29-85	5668					
Elevations (DF, RKB, RT, GR, etc.	.) Name of Producing Formation	Top Oll/Gas Pay	3719 Tubing Depth				
KB-3221; DF-3220; GL-	-32h7 Delaware Sand	2795'					
Perforations	Dest Delaware Salla	2793	<u>2225' 2725</u> Depth Casing Shoe				
2795 - 3010'			• • • • • • • • • • • • • • • • • • • •				
	TUBING CASING AN	D CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE						
17-1/2"	13-3/8"	DEPTH SET	SACKS CEMENT				
12-1/4"	8-5/8"	815'	700				
7-7/8"	5-1/2"	2610'	1150				
	278	3629 '	660				
EST DATA AND REQUEST		2725					
IL WELL	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load o lepth or be for full 24 hours)	il and must be equal to or exceed top al				
ate First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas					
3-29-85	4-12-85	Flowing	inter ere.) Past IV-2				
angth of Test	Tubing Pressure	Casing Pressure	Chose Size 18/64" / omy +B+				
24 hours	120		Choze Size				
ciual Prod. During Teet	OII-Bbis.	Water - Bbie.					
	124	20	Gas - MCF				
Man 2012		20	<u> </u>				
AS WELL							
ctual Prod. Teet-MCF/D	Length of Test						
		Bbis. Condensate/MMCF	Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shat-in)						
		Casing Pressure (Shut-in)	Choke Size				
ERTIFICATE OF COMPLIAN		1	<u> </u>				
LATIFICATE OF COMPLIAN	ICE .	OIL CONSERVA	TION DIVISION				
			a a 1005				
hereby certify that the rules and regulations of the Oil Conservation ivision have been complied with and that the information given have is true and complete to the best of my knowledge and belief. Multhal Mipling (Signature)		APPROVED APR 2.9.1985 19 BY ORIGINAL SIGNED BY LARRY BROOKS TITLE GEOLOGIST - NMOOD					
					This form is to be filed in compliance with RULE 1104.		
				If this is a request for allowable for a newly drilled or deepent well, this form must be accompanied by a tabulation of the deviation			
						tests taken on the well in acco	nied by a fabulation of the deviatic ordence with AULE 111.
				Unit Head			ast be filled out completely for allow
		4-15-85		able on new and recompleted w	-118.		
		(Date)		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			
100		well name or number, or transpor	ter, or other such change of conditio				
		Separate Forms C-104 must be filed for each pool in multip completed wella.					