STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-116
Revised 10-1-78

RECEIVED BY

GAS – OIL RATIO TESTS

Operator: EXXON CORPORATION
Pool: AVALON BONE SPRING, EAST
County: EDDY
Address: BOX 1600, MIDLAND, TEXAS 79702
TYPE OF TEST – (X): Scheduled [X] Completion [ ] Special [ ]

O. C. D.

LEASE NAME	WELL NO.	LOCATION U	S	T	R	DATE OF TEST	STATUS	CHOKE SIZE	TBG. PRESS.	DAILY ALLOWABLE	LENGTH OF TEST HOURS	PROD. DURING TEST WATER BBLS.	GRAV. OIL	OIL BBLS.	GAS M.C.F.	GAS – OIL RATIO CU.FT/BBL
BURTON FLAT B FED.	1	E	1	21	27	3-12-85	F	14/64	40	42 Pump	24	—	—	75	331	4413
"	2	D	1	21	27	3-11-85	F	13/64	40	17 Pump	24	—	—	52	232	4464
"	3	L	1	21	27	3-13-85	F	14/64	800	41 Pump	24	-	45	86	415	4829
"	4	M	1	21	27	3-26-85	F	17/64	700	62 Pump	24	—	51	110	465	4223
N. M. OP STATE	5	A	28	20	28	3-23-85	P	—	—	10	24	5	15	2	20	4444
ROY RENEROE	1	N	1	21	27	3-14-85	F	14/64	650	67 Pump	24	—	43	94	320	3407
STOTT FEDERAL	2	F	1	21	27	3-4-85	F	20/64	175	20 Pump	24	—	38	47	286	6091
"	3	K	1	21	27	3-17-85	F	20/64	200	33 Pump	24	—	40	70	383	5475
BURTON FLAT E FED	1	T	1	21	27	3-10-85	F	22/64	450	107 Pump	24	✓	30	55	395	7177
																(X)

No well will be assigned an allowable greater than the amount of oil produced on the official test.

During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Division.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

Mail original and one copy of this report to the district office of the New Mexico Oil Conservation Division in accordance with Rule 301 and appropriate pool rules.

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

S. F. [illegible]
(Signature)

SR. ADMIN
(Title)

4-12-85
(Date)