

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

JUL 19 1991

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Exxon Corp.		Well API No. 30-015-26370
Address P. O. Box 1600, Midland, TX 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Yates "C" Federal	Well No. 36	Pool Name, Including Formation Avalon Delaware	Kind of Lease State, (Federal) or Fie	Lease No. NM-01119
Location Unit Letter <u>A</u> : <u>1305</u> Feet From The <u>N</u> Line and <u>1305</u> Feet From The <u>E</u> Line Section <u>31</u> Township <u>20S</u> Range <u>28E</u> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permain	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Pembroke, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 30	Twp. 20S	Rge. 28E	Is gas actually connected? yes	When? 2-5-91

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 8-21-90	Date Compl. Ready to Prod. 3-7-91		Total Depth 5000		P.B.T.D. 2980			
Elevations (DF, RKB, RT, GR, etc.) 3232 GR	Name of Producing Formation Upper Cherry Canyon		Top Oil/Gas Pay 2546		Tubing Depth 2492			
Perforations 2546-2810					Depth Casing Shoe 4822			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		613		750-C Post ID-2			
11	8 5/8		2419		1160-C 7-12-91			
7 7/8	5 1/2		4822		1000-C complete Bk			
7 7/8	2 7/8		2492					

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 allowable for this depth or be for full 24 hours.)


Date First New Oil Run To Tank 3-7-91	Date of Test 4-4-91	Producing Method (Flow, pump, gas lift, etc.) Pump 2 1/2" x 2" x 24'	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 200	Water - Bbls. 200	Gas - MCF 203

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. OPERATOR 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.


Signature
Alex M. Correa Administrative Specialist
Printed Name Title
6-5-91 (915) 688-7532
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 14 1991

By 

Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 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.