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State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

RECEIVED

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page MAR 1 1992

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088

Santa Fc, New Mexico 87504-2088

O. C. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 3001526370 **EXXON CORPORATION** REGULATORY AFFAIRS BOX 1600 D, TX 79702 ATTN: P. O. Address MIDLAND Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well OIL TRANSPORTER TO CHANGE EFFECTIVE 🗶 Dry Gas 🗌 04/01/92 Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Well No. Pool Name, Including Formation State, Federal or FEDERAL NM-01119 YATES C FEDERAL 36 AVALON DELAWARE Location 1305 Feet From The NORTH Line and 1305 Feet From The EAST Unit Letter ___ Range **28-E** , NMPM, **EDDY** Section 31 Township 20-S County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Address (Give address to which ldress to which approved copy of this form is to be sent) P. O. BOX 2436, ABILENE, TX 79604 PRIDE PIPELINE CO. Name of Authorized Transporter of Casinghead Gas X Address (Give address to which approved copy of this form is to be sent) or Dry Gas 79762 4601 PEMBROOK ST., ODESSA, TX PHILLIPS 66 NATURAL GAS CO. When? Unit Rge ls gas actually connected? If well produces oil or liquids, 1 20-S 28-E 31 02/05/91 give location of tanks. C If this production is commingled with that from any other lease or pool, give commingling order number IV. COMPLETION DATA Diff Res'v Gas Well New Well Workover Deepen Plug Back Same Res'v IOil Well Designate Type of Completion - (X) P.B.T.D. Date Spudded Date Compl. Ready to Prod. Total Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be ofter recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hour. Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date First New Oil Run To Tank 10. Length of Test Tubing Pressure Casing Pressure Choke Size 27 92 Gas-MCl Actual Prod. During Test Oil - Bhls Water - Bbls. PIX **GAS WELL** Actual Prod Test - MCF/D Bbls, Condensate/MMCF Gravity of Condensate Length of Test Testing Method (pitot,back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size OIL CONSERVATION DIVISION 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. MAR 2 3 1992 Date Approved_ ORIGINAL SIGNED BY Signature MIKE WILLIAMS Don J. Bates Administrative Specialist SUPERVISOR DISTRICT IT Printed Name Title

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

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

03/12/92

Date

2) All sections of this form must be filled out for allowable on new and recompleted wells.

(915) 688-7119 Telephone No.

- 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.