

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

RECEIVED BY  
OCT 24 1983  
O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator Exxon Corporation

Address P.O. Box 1600; Midland, Texas 79702

Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE  
 FLARED AFTER 12-27-83  
 UNLESS AN EXCEPTION TO Rule 304  
 IS OBTAINED - ALL GAS VENTED IN  
 THIS AREA TO BE BURNED**

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE R-1431 2-6-84 AVALON BONE  
 Lease Name Burton Flat B Federal Well No. 1 Pool Name, Including Formation Wildcat Bone Spring Kind of Lease Lease, Federal XXXX Lease No. NM-46275  
 Location  
 Unit Letter Lot 5 1562 Feet From The South Line and 560 Feet From The West  
 Line of Section 1 Township 21S Range 27E NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate   
Permian Corporation Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 1183; Houston, Texas 77001  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
 Address (Give address to which approved copy of this form is to be sent) \_\_\_\_\_  
 If well produces oil or liquids, give location of tanks. Lot 5 Unit 1 Sec. 1 Twp. 21S Rge. 27E Is gas actually connected? Flare When \_\_\_\_\_

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

COMPLETION DATA  
 Designate Type of Completion - (X) XX Oil Well XX Gas Well \_\_\_\_\_ New Well XX Workover \_\_\_\_\_ Deepen \_\_\_\_\_ Plug Back \_\_\_\_\_ Same Res't. \_\_\_\_\_ Diff. Res't. \_\_\_\_\_  
 Date Spudded 8-4-83 Date Compl. Ready to Prod. 9-25-83 Total Depth 5800' P.B.T.D. \_\_\_\_\_  
 Elevations (DF, RNB, RT, GR, etc.) GL-3189'; 3203-KB Name of Producing Formation Bone Spring Top Oil/Gas Pay 5480 Tubing Depth 5441'  
 Perforations 5480-5490' Depth Casing Shoe \_\_\_\_\_

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	628'	750
11	8 5/8	2542'	1400
7 7/8	5 1/2	5791'	1575
	2 7/8	5441'	

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 26% allowable for this depth or be for full 24 hours)  
 Date First New Oil Run To Tanks 9-25-83 Date of Test 10-13-83 Producing Method (Flow, pump, gas lift, etc.) Pump  
 Length of Test 24 hrs. Tubing Pressure 178# Casing Pressure \_\_\_\_\_ Choke Size 19/64"  
 Actual Prod. During Test \_\_\_\_\_ Oil-Bbls. 123 Water-Bbls. 4 Gas-MCF 351

GAS WELL  
 Actual Prod. Test-MCF/D \_\_\_\_\_ Length of Test \_\_\_\_\_ Bbls. Condensate/MMCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
 Testing Method (piston, back pr.) \_\_\_\_\_ Tubing Pressure (shut-in) \_\_\_\_\_ Casing Pressure (shut-in) \_\_\_\_\_ Choke Size \_\_\_\_\_

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.  
Charlotte Harper  
 (Signature)  
 Unit Head \_\_\_\_\_  
 (Date)  
October 21, 1983  
 (Date)

OIL CONSERVATION DIVISION  
 APPROVED OCT 27 1983, 19 \_\_\_\_\_  
 BY \_\_\_\_\_ Original Signed By Leslie A. Clements  
 TITLE \_\_\_\_\_ Supervisor District II  
 This form is to be filed in compliance with RULE 100.  
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowable on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition. Separate Form C-104 must be filed for each pool in multiple.