STATE OF NEW MEXICO Form C-104 ENERGY AND MINERALS DEPARTMENT OIL CONSERVATION DIVISION ---DISTRIBUTION P. O. BOX 2088 SANTA FE SANTA FE, NEW MEXICO 87501 RECEIVED FILE U.S.G.S. LAND OFFICE Nov REQUEST FOR ALLOWABLE •) OIL TRANSPORTER AND GAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OPERATOR O. C. E. Exxon Corporation P. O. Box 1600, Midland, Texas 79702 Resson(s) for filing (Check proper box) Other (Please explain) CASINGHEAD GAS MUST NOT BE New Well FLARED AFTER ____T Recompletion OII Dry Gas UNLESS AN EXCEPTION TO Change in Ownership Casingheat Gas IS CRYAINED If change of ownership give name and address of previous owner.... II. DESCRIPTION OF WELL AND LEASE Pool Name, including Formation

Hydran Difactoric

Underignated Burton Frac Well No. Kind of Lease Yates Federal "C" 3 Sinks Federal XXX Frank NM-01119 Delaware 660 Feet From The North Line and _ 1980 Feet From The East Unit Letter 31 20S Range 28E , NMPM, Eddy Count III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent) The Permian Corporation 0. 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) Flare When Unit Is gas actually connected? If well produces oil or liquids, give location of tanks. В 31 20 1 28 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA OII Well New Well Same Resty, Diff. Res Plug Back Designate Type of Completion - (X) Х X Date Compl. Ready to Prod. Total Depth P.B.T.D. 10-20 9-29-82 47021 9-21-82 4660' Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top OLL/Gas Pay Tubing Depth 2542 3400 3245' GR Delaware 32921 Perforations Depth Casing Shoe 3400'-3608' (199 shots) 4702 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 1/4" 5/8" 605' 7 7/8" 1/2" 4702**'** 1050 7/8" 3292**'** V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Date of Test 10-9-82 10-20-82 F1ow Length of Test Tubing Pressure Casing Pressure Chake Size 900 24 hours 20/64 Actual Prod. During Test OII - Bbls. Water - Bhis. Gae - MCF 308 14 1250 **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Cosing Pressure (Shut-in) Choke Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION NOV 1 0 1982 APPROVED 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. BY_ OIL AND GAS INSPECTOR TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. (Signature)

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 ownewell name or number, or transporter, or other such change of condition

Administrator

October 27, 1982

(Title)

(Date)