

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator: Exxon Corporation

Address: P. O. Box 1600, Midland, TX 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 2-2-85 UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Burton Flat E Federal Well No.: 1 Pool Name, including Formation: E. Appl. Wildcat-Bone Spring Kind of Lease: Oil, Federal or RCB Lease N: NM-46275

Location: Unit Letter L T; 2290 Feet From The South Line and 600 Feet From The West

Line of Section 1 Township 21S Range 27E NMPM, Eddy Count

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate : Koch Oil Company of Texas Address (Give address to which approved copy of this form is to be sent): P. O. Box 3609, Midland, TX 79705

Name of Authorized Transporter of Casinghead Gas or Dry Gas : Phillips Petroleum Co. Address (Give address to which approved copy of this form is to be sent): 4601 Penbrook St., Odessa, TX 79762

If well produces oil or liquids, give location of tanks: Unit L, Sec. 1, Twp. 21S, Rge. 27E Is gas actually connected? Flared When

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded: 11-9-84	Date Compl. Ready to Prod.: 12-11-84	Total Depth: 5597	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.): 3208' GR	Name of Producing Formation: Bone Spring	Top Oil/Gas Pay: 5486	Tubing Depth: 5292					
Perforations: 5486 - 5506	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	840'	900 SX					
12-1/4"	8-5/8"	2584'	1475 SX					
7-7/8"	5-1/2"	5592'	1230 SX					
	2 7/8"	5292'						

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 Tanks: 12-10-84 Date of Test: 12-14-84 Producing Method (Flow, pump, gas lift, etc.): Flow

Length of Test: 24 hrs. Tubing Pressure: 460 Casing Pressure: Choke Size: 18/64" *Comp + BR*

Actual Prod. During Test: Oil-Bbls. 187 Water-Bbls. 5 Gas-MCF 783

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:

VI. 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)
Unit Head
(Title)
12-19-84
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 31 1984, 19
BY Leslie A. Clements
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate 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 name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multiphase completed wells.