

Street I
O Box 1988, Hobbs, NM 88241-1988
District II
PO Drawer DD, Artesia, NM 88211-8719
District III
1000 Rio Bravo Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994

Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Exxon Corp. P.O. Box 1600, ML-14 Midland, Texas 79702-1600 Attn: Don Bates		OGRID Number 007673 Reason for Filing Code Unitization eff. 10-1-95 Change Prop. Name & Well No.
API Number 30-015 - 24337	Pool Name Avalon Delaware	Pool Code 03715
Property Code 17612	Property Name Avalon (Delaware) Unit	Well Number 2117 517

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
H	31	20S	28E	-	1980	NORTH	566	EAST	BOOY

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Lee Code F	Producing Method Code P	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
018053	Pride Pipeline Co. P.O. Box 2436 Abilene, TX 79604	0955110	0	A-31-20S-28E Yates C-Subline 1/8" 8
009171	GPM Gas Corp. 4001 Pembroke Odessa, TX 79762	0955130	G	Same as oil
				AVALON (DELAWARE) UNIT
				RECEIVED
				OCT 13 1995
	Post ID-3 2-9-96			

IV. Produced Water

POD	POD ULSTR Location and Description
0955150	Same as oil

OIL CON. DIV.
DIST. 2

V. Well Completion Data

Spud Date	Ramdy Date	TD	FBTD	Test Date
* Well was formerly:	YATES - C - FEDERAL #9			10-20-95 by well name

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Test Pressure	Cap. Pressure

I hereby certify that the rules 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:

Don J. Bates

Approved by:

OIL CONSERVATION DIVISION
ORIGINAL SIGNED BY T.M. W. GUM
DISTRICT 2, BOOY, NM

Printed name: Don J. Bates

Title:

Title: Regulatory Specialist

Approval Date:

OCT 18 1995

Date: 10/05/95

Phone: (915) 688-7874

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

New Mexico Oil Conservation Division
C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED
"AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.
Report all oil volumes to the nearest whole barrel.

A request for allowables for a newly drilled or deepened well must be
accompanied by a tabulation of the deviation tests conducted in
accordance with Rule 111.

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

Fill out only sections I, II, III, IV, and the operator certifications for
changes of operator, property name, well number, transporter, or
other such changes.

A separate C-104 must be filed for each pool in a multiple
completion.

Improperly filled out or incomplete forms may be returned to
operators unapproved.

1. Operator's name and address
2. Operator's OGRID number. If you do not have one it will
be assigned and filled in by the District office.
3. Reason for filing code from the following table:
NW New Well
RC Recompletion
CH Change of Operator
AO Add oil/condensate transporter
CO Change oil/condensate transporter
AG Add gas transporter
CG Change gas transporter
RT Request for test allowable (include volume
requested)
If for any other reason write that reason in this box.
4. The API number of this well
5. The name of the pool for this completion
6. The pool code for this pool
7. The property code for this completion
8. The property name (well name) for this completion
9. The well number for this completion
10. The surface location of this completion NOTE: If the
United States government survey designates a Lot Number
for this location use that number in the "UL or lot no." box.
Otherwise use the OCD unit letter.
11. The bottom hole location of this completion
12. Lease code from the following table:
F Federal
S State
P Fee
J Jicarilla
N Navajo
U Ute Mountain Ute
I Other Indian Tribe
13. The producing method code from the following table:
F Flowing
P Pumping or other artificial lift
14. MO/DA/YR that this completion was first connected to a
gas transporter
15. The permit number from the District approved C-129 for
this completion
16. MO/DA/YR of the C-129 approval for this completion
17. MO/DA/YR of the expiration of C-129 approval for this
completion
18. The gas or oil transporter's OGRID number
19. Name and address of the transporter of the product
20. The number assigned to the POD from which this product
will be transported by this transporter. If this is a new well
or recompletion and this POD has no number the district
office will assign a number and write it here.
21. Product code from the following table:
O Oil
G Gas

22. The ULSTR location of this POD if it is different from the
well completion location and a short description of the POD
(Example: "Battery A", "Jones CPD", etc.)
23. The POD number of the storage from which water is moved
from this property. If this is a new well or recompletion and
this POD has no number the district office will assign a
number and write it here.
24. The ULSTR location of this POD if it is different from the
well completion location and a short description of the POD
(Example: "Battery A Water Tank", "Jones CPD Water
Tank", etc.)
25. MO/DA/YR drilling commenced
26. MO/DA/YR this completion was ready to produce
27. Total vertical depth of the well
28. Plugback vertical depth
29. Top and bottom perforation in this completion or casing
shoe and TD if openhole
30. Inside diameter of the well bore
31. Outside diameter of the casing and tubing
32. Depth of casing and tubing. If a casing liner show top and
bottom.
33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test
conducted only after the total volume of load oil is recovered.

34. MO/DA/YR that new oil was first produced
35. MO/DA/YR that gas was first produced into a pipeline
36. MO/DA/YR that the following test was completed
37. Length in hours of the test
38. Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells
39. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells
40. Diameter of the choke used in the test
41. Barrels of oil produced during the test
42. Barrels of water produced during the test
43. MCF of gas produced during the test
44. Gas well calculated absolute open flow in MCF/D
45. The method used to test the well:
F Flowing
P Pumping
S Swabbing
If other method please write it in.
46. The signature, printed name, and title of the person
authorized to make this report, the date this report was
signed, and the telephone number to call for questions
about this report
47. The previous operator's name, the signature, printed name,
and title of the previous operator's representative
authorized to verify that the previous operator no longer
operates this completion, and the date this report was
signed by that person

