

District I
PO Box 1988, Hobbs, NM 88241-1988
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1688 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

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Exxon Corp. P. O. Box 1600 Midland, TX 79702 Attn: S. Q. Nunez, ML 14		OGRID Number 007673
API Number 30-015-24495	Pool Name Avalon Delaware	Reason for Filing Code AG effective 06/01/96
Property Code 17612	Property Name Avalon Delaware Unit	Pool Code 03715
		Well Number 643

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
K	32	20S	28E		1980	South	1650	West	Eddy

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
P									
Lee Code P	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
015694	Navajo Refining Company P. O. Box 159 Artesia, NM 88211	0955110	0	C-31-20S-28E Avalon Delaware Unit CTB #1
009171	GPM Gas Corp. 4001 Pembroke Odessa, TX 79762	0955130	G	Same as Oil
153135	Pan Energy Field Services P. O. Box 5493 Denver, CO 80217	0955130	G	Same as Oil

RECEIVED

IV. Produced Water

POD	POD ULSTR Location and Description
0955150	Same as Oil

V. Well Completion Data

Spud Date	Ready Date	TD	FBTD	Depth Set	Solids Content

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Test Pressure	Gas Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

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: Selena Nunez
Printed name: Selena Q. Nunez
Title: Sr. Office Assistant
Date: 10/1/96
Phone: (915) 688-7899

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

Approval Date: OCT 07 1996

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

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°.
A request for allowable 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 filled for each pool in a multiple completion.
Improperly filled out or incomplete forms may be returned to operators unapproved.

Operator's name and address
Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.

Reason for filling code from the following table:
NW New Well
RC Recombination
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.
The API number of the well
The name of the pool for this completion
The pool code for this pool

The property code for this completion
The property name (well name) for this completion
The well number for this completion

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.
The bottom hole location of this completion
Lease code from the following table:

F Federal
S State
P Fee
J Judicial
N Navajo
U Ute Mountain Ute
I Other Indian Tribe

The producing method code from the following table:
F Flowing
P Pumping or other artificial lift
MO/DAYR that this completion was first connected to a gas transporter

The permit number from the District approved C-129 for this completion
MO/DAYR of the C-129 approval for this completion
MO/DAYR of the expiration of C-129 approval for this completion

The gas or oil transporter's OGRID number
Name and address of the transporter of the product
The number assigned to the POD from which the product will be transported by the transporter. If this is a new well or recompletion and the POD has no number the district office will assign a number and write it here.

Product code from the following table:
O Oil
G Gas

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 the 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", "Jones CPD", etc.)

25. MO/DAYR drilling commenced
MO/DAYR this completion was ready to produce
Total vertical depth of the well
Plugback vertical depth

26. Plugback vertical depth
Top and bottom perforation in this completion or casing shoe and TD if openhole
Inside diameter of the well bore
Outside diameter of the casing and tubing
Depth of casing and tubing. If a casing liner show top and bottom.

27. Depth of casing and tubing. If a casing liner show top and bottom.
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.

28. MO/DAYR that new oil was first produced
MO/DAYR that gas was first produced into a pipeline
MO/DAYR that the following test was completed
Length in hours of the test
Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells
Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells
Diameter of the choke used in the test
Barrels of oil produced during the test
Barrels of water produced during the test
MCF of gas produced during the test
Gas well calculated absolute open flow in MCF/D
The method used to test the well:
F Flowing
P Pumping
S Swabbing
If other method please write it in.

29. 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
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

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