

District I
PO Box 1900, Hobbs, NM 88241-1900
District II
PO Drawer DD, Artesia, NM 88211-0719
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

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Exxon Corp. P.O. Box 1600, ML-14 Midland, Texas 79702		OGRID Number 007673
Reason for Filing Code CG Effective 7-1-95		
API Number 30-0-15-24566	Pool Name Alacran Hills Atoka (Gas)	Pool Code 70060
Property Code 004211	Property Name Yates -C- Federal	Well Number 31

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	5	21S	27E	--	1830	South	1980	East	Eddy

¹¹ 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
¹² Loc Code F	¹³ Producing Method Code F	¹⁴ Gas Connection Date 7-1-95	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
009171	GPM Gas Corp. 4001 Pembroke Odessa, Texas 79762	0951030	G	J-5-21S-27E Yates Federal -C- #31 T/B
	Dry Gas	N/A	0	

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
0951050	Same as gas.

V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ FBTD	²⁹ Production
³⁰ Hole Size	³¹ Casing & Tubing Size	³² Depth Set	³³ Seals-Gravel	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Cap. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AGP	⁴⁵ Test Method

I hereby certify that the data of the Oil Conservation Division have been examined with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

Printed name:

Don J. Bates

Title:

Regulatory Specialist

Date:

10/27/95

Phone:

(915) 688-7874

Approved by:

Title:

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

Approval Date:

NOV 6 1995

* 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 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 recompletes 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
The property code for this completion
7. The property name (well name) for this completion
8. The well number for this completion
9. 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.
10. The bottom hole location of this completion
11. Lease code from the following table:

F	Federal
S	State
P	Fee
J	Jicarilla
N	Nevado
U	Ute Mountain Ute
I	Other Indian Tribe
12. The producing method code from the following table:

F	Flowing
P	Pumping or other artificial lift
13. MO/DA/YR that this completion was first connected to a gas transporter
14. The permit number from the District approved C-129 for this completion
15. MO/DA/YR of the C-129 approval for this completion
16. MO/DA/YR of the expiration of C-129 approval for this completion
17. The gas or oil transporter's OGRID number
18. Name and address of the transporter of the product
19. 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.
20. Product code from the following table:

O	Oil
G	Gas

21. 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.)
22. 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.
23. 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.)
24. MO/DA/YR drilling commenced
25. MO/DA/YR this completion was ready to produce
26. Total vertical depth of the well
27. Plugback vertical depth
28. Top and bottom perforation in this completion or casing shoe and TD if openhole
29. Inside diameter of the well bore
30. Outside diameter of the casing and tubing
31. Depth of casing and tubing. If a casing liner show top and bottom.
32. Number of sacks of cement used per casing string
33. 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

RECEIVED
Hobby
OCD