

District I  
PO Box 1948, Hobbs, NM 88241-1988  
District II  
PO Drawer 00, Azusa, NM 88211-0719  
District III  
1000 Rio Grande Rd., Azusa, NM 87418  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

Form C-104  
Revised February 10, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

NGPA Permits

OIL CONSERVATION DIVISION

PO Box 2088  
Santa Fe, NM 87504-2088

NOV 8 1995

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

|                                                                                                                  |                                           |                                                                                    |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------|
| Operator name and Address<br>Exxon Corp.<br>P.O. Box 1600, ML-14<br>Midland, Texas 79702-1600<br>Attn: Don Bates |                                           | * OGRID Number<br>007673                                                           |
| * ALSO<br>OPERATOR CHANGE                                                                                        |                                           | Reason for Filing Code<br>Unitization eff. 10-1-95<br>Change Prop. Name & Well No. |
| * API Number<br>30-015-24637                                                                                     | * Pool Name<br>Avalon Delaware            | * Pool Code<br>03715                                                               |
| * Property Code<br>17612                                                                                         | * Property Name<br>Avalon (Delaware) Unit | * Well Number<br>15H242                                                            |

II. <sup>10</sup> Surface Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South Line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| L             | 30      | 20S      | 28E   | -       | 1650          | SOUTH            | 990           | NEXT           | EDDY   |

<sup>11</sup> 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 |
|-----------------|-------------------------|-----------------------|-----------------------|------------------------|-------------------------|------------------|---------------|----------------|--------|
|                 |                         |                       |                       |                        |                         |                  |               |                |        |
| * Loc Code<br>S | * Producing Method Code | * 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                               | * FOD     | * O/G | * FOD ULSTR Location and Description  |
|---------------------|--------------------------------------------------------------|-----------|-------|---------------------------------------|
| 018053              | PRIDE PIPELINE COMPANY<br>P.O. Box 2436<br>Abilene, TX 79604 | * 2666510 | 0     | not same as FOD location<br>ADU TR #4 |
| 036785              | ASSOCIATED NATURAL GAS<br>P.O. Box 5493<br>DENVER, CO 80211  | * 2666530 | G     | K-30-20S-28E<br>RECEIVED              |
|                     |                                                              |           |       | NOV 15 1995                           |
|                     |                                                              |           |       | OIL CON. DIV.<br>DIST. 2              |
|                     | Post ID-3 2-9-96                                             |           |       |                                       |

IV. Produced Water

| * FOD     | * FOD ULSTR Location and Description |
|-----------|--------------------------------------|
| * 2804429 | Same                                 |

V. Well Completion Data

| * Spud Date                                                                     | * Ready Date           | * TD        | * FETD           | * Production |
|---------------------------------------------------------------------------------|------------------------|-------------|------------------|--------------|
|                                                                                 |                        |             |                  |              |
| * Hole Size                                                                     | * Casing & Tubing Size | * Depth Set | * Surface Casing |              |
|                                                                                 |                        |             |                  |              |
| * Well was formerly: STONEWALL - WPM-STATE #6 operated by Yates Petroleum Corp. |                        |             |                  |              |
|                                                                                 |                        |             |                  |              |
|                                                                                 |                        |             |                  |              |

VI. Well Test Data

| * Date New Oil | * Gas Delivery Date | * Test Date | * Test Length | * Tbg. Pressure | * Cap. Pressure |
|----------------|---------------------|-------------|---------------|-----------------|-----------------|
|                |                     |             |               |                 |                 |
| * Choke Size   | * Oil               | * Water     | * Gas         | * AOF           | * Test Method   |
|                |                     |             |               |                 |                 |

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

Signature: *Don J. Bates*

Printed name: Don J. Bates

Title: Regulatory Specialist

Date: 10/24/95 Phone: (915) 688-7874

OIL CONSERVATION DIVISION

Approved by: SUPERVISOR, DISTRICT II

Title:

Approved Date:

NOV 20 1995

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

*Peyton Yates*  
Yates Petroleum Corporation

Peyton Yates

Printed Name

Attorney-in-Fact

Title

11/2/95

Date

New Mexico Oil Conservation Division  
C-104 Instructions

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.

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.

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.

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 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.

The API number of this 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

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  
since 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