

District I
PO Box 1900, Hobbs, NM 88241-1900
District II
70 Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos 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 30-015-24653	Pool Name Avalon Delaware	Pool Code 03715
Property Code 17612	Property Name Avalon Delaware Unit	Well Number 210

II. Surface Location

UL or lot no. D	Section 30	Township 20S	Range 28E	Lot Idn	Feet from the 990	North/South Line North	Feet from the 990	East/West line West	County Eddy
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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
S	P								
Lea Code	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	POD	O/G	POD ULSTR Location and Description
015694	Navajo Refining Company P. O. Box 159 Artesia, NM 88211	0955110	O	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

IV. Produced Water

POD 0955150	POD ULSTR Location and Description Same as Oil
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V. Well Completion Data

Spud Date	Ready Date	TD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Seals Cement

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 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 recommissioned 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:

RT RT
CG CG
AG AG
CO CO
AO AO
CH CH
RC RC
NW NW
New Well
Recommission
Change of Operator
Change of Condensate Transporter
Add oil/condensate transporter
Change gas transporter
Change gas transporter
Request for test allowable (include volume
request) 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

The surface location of the completion NOTE: If the
United States government survey designates a Lot Number
for this location use the "UL" or lot no. box.
Otherwise use the OGD unit letter.

The bottom hole location of this completion

Leave code from the following table:

F Federal
S State
P Foreign
J Juvenile
N Navajo
U Ute Mountain Ute
I Other Indian Tribe

The producing method code from the following table:

P Pumping or other artificial lift
F Flowing
MOD/AYR that this completion was first connected to a
gas transporter

The permit number from the District approved C-129 for
this completion

MOD/AYR of the C-129 approval for this completion

MOD/AYR 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 this product
will be transported by the transporter. If this is a new well
or recommission and this 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

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 Water
Tank", etc.)

23.

The POD number of the storage from which water is moved
from this property. If this is a new well or recommission 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.

MOD/AYR drilling commenced

26.

MOD/AYR this completion was ready to produce

27.

Total vertical depth of the well

28.

Plugback vertical depth

29.

Top and bottom perforation in the completion or casing

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

34.

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.

35.

MOD/AYR that gas was first produced into a pipeline

36.

MOD/AYR that the following test was completed

37.

Length in hours of the test

38.

Flowing tubing pressure - oil wells

39.

Shut-in tubing pressure - gas wells

40.

Flowing casing pressure - oil wells

41.

Shut-in casing pressure - gas wells

42.

Diameter of the choke used in the test

43.

Barrels of oil produced during the test

44.

Barrels of water produced during the test

45.

MCF of gas produced during the test

46.

Gas well calculated absolute open flow in MCF/D

47.

The method used to test the well:

P Pumping
S Swabbing
F Flowing
If other method please write it in.

The signature, printed name, and title of the person
authorized to make this report. The date this report was
signed by that person

The previous operator's name, the signature, printed name,
and title of the previous operator no longer
authorized to verify that the previous operator no longer
operates the completion, and the date this report was
signed by that person