

District I
PO Box 1900, Hobbs, NM 88241-1900
District II
PO Drawer 0D, Artesia, NM 88211-0719
District III
1000 Rio Bravo Rd., Aztec, NM 87418
District IV
PO Box 2082, Santa Fe, NM 87504-2082

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

NGPA Permits
NOV 7 1995

clerk
VT
CT
OP

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
* ALSO OPERATOR CHANGE.		Reason for Filing Code Unitization eff. 10-1-95 Change Prop. Name & Well No.
* API Number 30-015 - 24748	* Pool Name Avalon Delaware	* Pool Code 03715
* Property Code 17612	* Property Name Avalon (Delaware) Unit	* Well Number 464 2509

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
P	36	20S	27E	-	660	SOUTH	660	EAST	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
S	P								
* Loc 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
138648	AMOCO PL INTER. CORP. 502 N.W. AVE. LEVELLAND, TX 79336	* 1962510	0	NOT SURE OF POD DESCRIPTION JUST BECAME OPERATOR OF WELL.
009171	GPM GAS CORP. 4001 PEMBROKE CORPSSA, TX 79762	* 1962530	6	SAME

IV. Produced Water

* POD * 1962550	* POD ULSTR Location and Description Same
--------------------	--

V. Well Completion Data

* Spud Date	* Ready Date	* TD	* FSTD	* Production
* Hole Size	* Casing & Tubing Size	* Depth Set	* Surface Casing	
* Well was formerly:	GWA STATE #2 operated by MWT Producing Co.			
	Part FD-3 2-9-96			

VI. Well Test Data

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

* I hereby certify that the rates of the Oil Conservation Division have been compared with and that the information given above is true and accurate to the best of my knowledge and belief.

Signature: *Don J. Bates*

Approved by: SUPERVISOR, DISTRICT II

Printed name: Don J. Bates

Title:

Title: Regulatory Specialist

Approval Date:

NOV 20 1995

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

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

Signature: *John L. Schalgal*

John L. Schalgal

Prod. Mgr.

11-6-95

Previous Operator Signature:

Printed Name:

Title:

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.

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 under such changes.

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

Noncompletes 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.

1. The API number of this well

2. The name of the pool for this completion

3. The pool code for this pool

4. The property code for this completion

5. The property name (well name) for this completion

6. The well number for this completion

7. 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.

8. The bottom hole location of this completion

9. Lease code from the following table:

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

10. The producing method code from the following table:

F	Flowing
P	Pumping or other artificial lift

11. MO/DA/YR that this completion was first connected to a gas transporter

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

MO/DA/YR of the C-129 approval for this completion

13. MO/DA/YR of the expiration of C-129 approval for this completion

14. The gas or oil transporter's OGRID number

15. Name and address of the transporter of the product

16. 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.

17. 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

NEW 1000
Revised
4-1-77