

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 Midland, TX 79702 Attn: S. Q. Nunez, ML 14		OGRID Number 007673
API Number 30 - 015-28661	Pool Name Avalon Delaware	Pool Code 03715
Property Code 17612	Property Name Avalon (Delaware) Unit	Well Number 253

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
N	30	20S	28E		1046	South	2677	West	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
Lee Code	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	

IV. Produced Water

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

Spud Date 5/31/96	Ready Date 7/24/96	TD 3820	FBTD 3820	Perforations 2552-3728
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	
20	16	40	40 cu ft.	
14 3/4	10 3/4	620	540 sx c	
9 7/8	7 5/8	2479	350 sx c; 400 sx b	
6 3/4	4 1/2 liner	3818		

VI. Well Test Data

Date New Oil 7/24/96	Gas Delivery Date	Test Date 9/6/96	Test Length 24	Thg. Pressure	Csg. Pressure
Choke Size	Oil 70	Water 202	Gas 168.0	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
ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

Approved by:

Title:

Approval Date:

OCT 15 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°.
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 recompleting 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 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:
RC Reasoning
NW New Well
AO Change of Operator
CO Add oil/completions 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
The surface location of the completion NOTE: If the United States government survey designates a Lot Number for the location use that number in the "UL or lot no." box. Otherwise use the OGD unit letter.
The bottom hole location of this completion
Lease code from the following table:
F Federal
S State
J Fee
JL Leasehold
N Navajo
U Use Mountain Ute
I Other Indian Tribe
The producing method code from the following table:
P Flowing
F Pumping or other artificial lift
MODA/R that this completion was first connected to a gas transporter
The permit number from the District approved C-129 for this completion
MODA/R of the C-129 approval for this completion
MODA/R 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
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.)
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.
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", "Jones CPD", etc.)
MODA/R drilling commenced
MODA/R this completion was ready to produce
Total vertical depth of the well
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. If a casing liner show top and bottom.
32. Depth of casing and tubing.
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 fluid is recovered.
34. MODA/R that new oil was first produced
35. MODA/R that gas was first produced into a pipeline
36. MODA/R that the following test was completed
37. Length in hours of the test
38. Flowing tubing pressure - oil wells
39. Shut-in tubing pressure - oil 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
The method used to test the well:
F Flowing
P Pumping
S Swabbing
If other method please write it in.
48. 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 no longer authorized to verify that the previous operator's report was signed by that person
19. Name and address of the transporter of the product
20. 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.
21. Product code from the following table:
O Oil
G Gas