District I 1625 N. French, Hobbs, NM 88240 District II 811 South First, Artesia NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 874

## State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104
Revised March 25, 1999
Instructions on back
Submit to Appropriate District Office

## OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

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Mobil Producing	; TX. &	k N.M. Inc. *		A divisio	n of Exxon	Mobil Cor	oration	<b>₹72550</b>	15144
P.O. Box 4358				Mobil P	on behalf roducing T			Reason for Filing (	Code
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7 Property Cod	ie					perty Name    Compared   Compared		9 Well Number	
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	7	Location						1 11 050	
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12 Lse Code 13	Producing Coo	Method 14 Gas	Connection Date	15	C-129 Permit Num	nber	16 C-129 Effective	Date 17	C-129 Expiration Date
F	P							.,	C-127 Expiration Date
II. Oil and Gas	s Tran	19			20				
OGRID		Transporter Na and Address	Transporter Name and Address		<sup>20</sup> POD <sup>21</sup> O/G		POD ULSTR Location and Description		
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## THIS IS AN AMENDED REPORT. CHICK THE BOX LABELED AMENDED REPORT IT THE TOP OF THIS DOCUMENT Report all gas volume 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 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 form 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.

Reasons for filing code from the following table:

NW New Well

RC CH AO CO Recompletion Change of Operator Add oil/condensate transporter

Change oil/condensate transporter

ĂĞ CG

Add gas transporter
Change gas transporter
Request for test allowable (Include volume requested) ŘŤ

If for any other reason write that reason in this box.

4. The API number of this well 4. 5.

6. 7.

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 leastion of this completion

8. 9.

10. The surface location of this completion NOTE: If the United State 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

Lease code from the following table:

Federal S State P Fee

12.

Jicarilla U

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table: 13.

F Flowing
P Pumping or other artificial lift
MO/DA/YR that the completion was first connected to a gas transporter
The permit number from the District approved C-129 for this completion
MO/DA/YR of the C-129 approval for this completion
MO/DA/YR of the expiration of C-129 approval for the completion
The gas or oil transporter's OGRID number

16. 17. 18. 19.

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:

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 the population of the POD (Example: "Battery POD number of the storage from which water is moved from the population of the

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

28. 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. Write in 'DHC' if this completion is downhole commingled with another completion or 'MC' if there is more than one non-commingled completion in this well bore. Attach actual completed well bore diagram.

31. Inside diameter of the easing and tubing

32. Outside diameter of the casing and tubing

33. Depth of casing and tubing. If a casing liner, show top and bottom.

34. Number of sacks of cement used per casing string

The following test data is for an oil well is completed.

Outside diameter of the well bore

Outside diameter of the casing and tubing

Depth of casing and tubing. If a casing liner, show top and bottom.

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.

MO/DA/YR that new oil was first produced

MO/DA/YR that gas was first produced into a pipeline

MOIDAIYR that the following test was completed

Length in hours of the test

Length in hours of the test

38. 39. 40. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells Flowing casing pressure - oil wells Shut-in casing pressure - gas wells Diameter of the choke used in the test

41. 42. Barrels of oil produced during the test 43.

Barrels of water produced during the test MCF of gas produced during the test Gas well calculated absolute open flow in MCF/D

The method used to test the well:

Flowing Pumping

S Swabbing
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, and the telephone number to call for questions about this report

48. 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