District I 1625 N. French, Hobbs, NM 88240 District II 811 South First, Artesia NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 2040 Pacheco, Santa Fe, NM 87505

State of New Mexico Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

Form C-104 Revised March 25, 1999

Instructions on back Submit to Appropriate District Office 5 Copies

| 2040 Pacheco | o, Santa | Fe, NM | 87505 | i | | | | | | | × | AME | NDED F | REPORT | |
|--|-----------------|------------------|--------------------------------|----------------------------|--|------------------|-------------------------------------|--|---|-----------------------|--------------------------|----------------------------|---------------|-------------|--|
| | REQU | | FO | | OWABLI | | | UTHO | RIZA | TION T | O TI | RANS | PORT | | |
| Evven Mo | hil Gaa | | | perator Name | and Address | a 1 | ام | | | 2 OGRID Number | | | | | |
| Exxon Mobil Gorporation Producing TX 91 | | | | | | | | nc | | 257128 15144 | | | | | |
| P.O. Box 4358 | | | | | | | | | | 3 | 3 Reason for Filing Code | | | | |
| Houston TX 77210-4358 | | | | | | | | Pool Name | | | | Rename Well & RC | | | |
| 30-025-29430 Vacuum; Blinebry | | | | | | | | out Name | | | | 6 Pool Code | | | |
| 7 Pro | acuum; biii | 8 Property Name | | | | | 61850 9 Well Number | | | | | | | | |
| 8015 | | | | | ony Name | | | | | 286 | | | | | |
| II. 10 S | urface | Locati | on | | | | | | ········· | | <u> </u> | | | | |
| UL or lot no. Section | | | ownship Range Lot Idn | | | Feet from the | | North/South line | | Feet from the | East/W | est Line | County | | |
| 0 | 26 | | | 34E | | 540 | 540 | | h | 1930 | ea | est | Lea | | |
| UL or lot no. | | ottom Hole Lo | | | | | | | | | | | | | |
| oz or ior no. | Section | Section Township | | Range | Lot Idn | Feet fro | om the | North/South line | | Feet from the | East/W | est Line | County | | |
| 12 Lse Code 13 | | Producing M | ethod | 14 Gas | Connection Date | 15 C-129 Per | | I Number | | | _ | | | | |
| g | | | Code Z 2" X 24' Pump | | | 13 (-129 | | Permit Number | | 16 C-129 Effectiv | e Date | e 17 C-129 Expiration Date | | | |
| III. Oil ar | | | | | | <u> </u> | · - | | .L | | · | <u> </u> | | | |
| III. Oil and Gas Transporters Transporter OGRID Transporter Name | | | | | | | ²⁰ POD ²¹ O/G | | | 22 POD ULSTR Location | | | | | |
| | | | and Address rgy Field Services | | | | | | | and Description | | | | | |
| 36785 Duke Energ Attn: Coco P. O. Box 5 | | | o Pul | les | 25 | 832146 G | | | S-26, T-17S, R-34E Bridges State Lease | | | | | | |
| | | idland | 5002 | | TX 79710 | | | | | Di luges Si | ate Lea | se | | | |
| 015126 | N | Iobil Pip | eline (| Company | | 29 | 332 | 145 | 0 | | ···· | | | | |
| | ox 900 allas | k 900 | | | | | 4 | | | S-26, T-17S, R-34E | | | | | |
| | | | · · · · · · | | TX 57221 | | | | | Bridges St | ate Leas | se | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | ر. | | | | |
| | | | | | | | | | | | 9303 | <u>n-1.</u> | | | |
| IV. Produ | | ater | | | | | | | | / | 100 m | | <u> </u> | 3 | |
| 2832147 | | | | | | | 24 P S-26 | OD ULSTR L. T-17S, | ocation and | Description (| | ું ફુંટે (| 2 | - /c | |
| V. Well (| | | nto | | | | Brid | ge State | Lease | | } | | 25 | 21 | |
| 25 Spud | | | | 6 Ready Date | - | 27 _{TD} | | 28 | PBTD | (20) | <u> </u> | 222 | \$ S | 27 | |
| 01/08/2002 | | | | 3/15/2002 | 8700' | 8373' | | | 6556- | eriorations | 30; 665 | 0-60 | ₹ 700- | | |
| 31 Hole Size | | | | 32 Casi | 33 Depth Set | | | 22; | 67@D- | 50; 6 சேப்ப | 425 | <u> 5</u> | | | |
| 17-1/2" | | | | 13-3/8" | 400' | | | 500 sx Class C | | | | | | | |
| 12-1/4" | | | | 9-5/8" | 5000' | | | 2825 sx Class C | | | | | | | |
| 7-7/8" | | | · | 5-1/2" | 8700' | | | | | | | | | | |
| | | | | | | | 0700 | | | 1050 sx Class H | | | | | |
| VI. Well | Test | Data | | <u> </u> | | | | | | | | | <u></u> | | |
| | | | Gas Del | Delivery Date 37 Test Date | | | 38 Test Length | | | 39 Tbg. | Draceuse | | 40 | | |
| 03/15/2002 | | 03 | 03/15/2002 | | 04/20/2002 | | | 24 hrs | , | log. | i ressure | e 40 Csg. Pressure | | еѕѕиге | |
| 41 Choke | e Size | 42 Oil | | il | 43 Water | | 44 Gas | | | 45 A | OF | 46 Test Method | | ethod | |
| 7 I hereby certify that the rules of the Oil | | | 7 | . 105 | | | 5 | | | | | | | | |
| with and that | the inform | ation given a | bove is | strue and comp | sion have been co lete to the best of | mplied my | | 0 | OIFIC | ONSERVAT | ION DI | VICION | .T | | |
| knowledge and Signature: | belief. | -/) | K | 2 | | | ORIGINAL SIGNED BY | | | | | | | | |
| Printed Name: | | | | | | | | Approved by: PAUL F. KAUTZ PETROL FUM ENGINEER | | | | | | | |
| I | | . Koch | | | | | Title: | | | EIVUIN | LEH! | | | | |
| Title: Contract Completion Admin. | | | | | | | Approved by Date: | | | | JUN 1 4 2602 | | | | |
| Date: 05-24-2002 Phone: (713) 431-148 If this is a change of operator fill in the OGRID number and name of the | | | | | | 7 | | | | | | | | | |
| 10 a cild | se or ope | iaioi (III II) l | ine OGI | חניא number an | a name of the pre | vious opera | itor. | | | | | | | | |
| | Previou | s Operator S | ignatur | e | | D | rinted Nan | ne | | | | · | | | |
| | | | | | | | u itali | | | Т | itle | | | | |

THIS IS AN AMENDED REPORT. CHECK THE BOX LABELED AMENDED REPORT AT THE TOP OF THIS DOCUMENT 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.

1. Operator's name and address
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2. 3.

Reasons for filing code from the following table:

NW New Well

RC Recompletion

CH

Change of Operator Add oil/condensate transporter AO CO Change oil/condensate transporter

AG CG RT

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

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

4. 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

6. 7.

7. The property code for this completion
8. The property name (well name) for this completion
9. The well number for 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
12. Lease code from the following table:

Federal

S P J State

Fee Jicarilla

Navajo Ute Mountain Ute U Other Indian Tribe

The producing method code from the following table: 13.

Flowing

F Flowing
P Pumping or other artificial lift

14. MO/DA/YR that the 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 the completion

18. The gas or oil transporter's OGRID number

19. Name and address of the transporter of the product

10. 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: 21.

Product code from the following table:

Oil

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 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 drilling commenced

MO/DA/YR this completion was ready to produce

28. 27. 28.

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 well bore
Outside diameter of the casing and tubing

Inside 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
MO/DA/YR that the following test was completed
Length in hours of the test

38. 39. Length in hours of the test

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 40.

Barrels of oil produced during the test
Barrels of water produced during the test
MCF of gas produced during the test
Gas well calculated absolute open flow in MCF/D 43.

45.

The method used to test the well:

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

47. 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

18. 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