Andread II   CONSERVATION DIVISION PO Box 2088 Santa Fe. NM 87504-2088   Submit to Appropriate District Office 5 Copies     OF REPORT Ed. Asse. NM 87510   Santa Fe. NM 87504-2088   AMENDED REPORT     Des 2088, Santa Fe. NM 87504-2088   AMENDED REPORT     Des 2088, Santa Fe. NM 87504-2088   OCRED Number 007673     REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT     Operator asses and Address   007673     EXXON CORPORATION P. 0. BOX 4358   ATTN: PERMITTING     P. 0. BOX 4358   'Pool Nume     HOUSTON, TX 77210   'Pool Nume     'AFI Number 004174   EUMONT; YATES-7 RVRS-QUEEN (PRO GAS)     'Property Name   'Pool Code     'Property Name   'Well Number     'J   4   205   37E     J   4   205   37E   J     J   4   205   37E   SO 4J /D     J' Bottom Hole Location   Intel Kee Intel Comparison for South Line   Comparison for Comparison Date     J' Lee Code   'Promember Rampe   Lot Ida   Feet from the   East/West line   Comparison for South     J' Lee Code   'Promember Rampe   Lot Ida   Feet from the <th>aimes à ) Box 1980, Hobbs, NM \$1241-1989</th> <th>Laorg</th> <th>ا التقالية ال <b>7. Mineres di Re</b>i</th> <th>u Lui e di Alei Nationale di Alei ante</th> <th>ances exconclaims</th> <th>-</th> <th></th> <th></th> <th>rebruary 16. 2994 Instructions on back</th>	aimes à ) Box 1980, Hobbs, NM \$1241-1989	Laorg	ا التقالية ال <b>7. Mineres di Re</b> i	u Lui e di Alei Nationale di Alei ante	ances exconclaims	-			rebruary 16. 2994 Instructions on back	
PC Box 2038	ateist II ) Drawer OD, Artesia, NM 88211-9719		CONSERVATION DIVISION						oriate District Office	
Add Name 2 - NM FTRAMET REQUEST: POR ALLÓWABLE AND AUTHORIZATION TO TRANSPORT REQUEST: NM FTRAMET NO COREDUCT: VALLÓWABLE AND AUTHORIZATION TO TRANSPORT SOULD Near OCALD NEAR	strict III	PO Box 2088							5 Copies	
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EXKON CORPORATION   ATTN: FERNITTING   "Summer Film Call     20.0   3936   CG effective 9/1/98     EUNSTON, TX: 77210   "Non Name   "Summer Film Call     20.0   55886   EUNONT; VATES-7 RVSS-QUEEN (PRO GAS)   The Call     20.1   "Dummy Name   "Non Name   "Non Name   "Non Name     20.1   Surface Location   "Non Name   "Non Name   "Non Name   Call     10.1   "Surface Location   If and name   "Non Name   "Surface Location   Call     11.1   Off Internation   Total Name   "Surface Location   Call   Fall   Call     12.1   "Surface Location   Total Name   "Call   Fall   Call   Call     13.1   Off Internation   Transport   Fall   Total Name   Call   Call   Call   Call   Fall   Call   Cal								* OGRID Na	mber	
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<sup>11</sup> Speed Date <sup>12</sup> To <sup>12</sup> TSTD <sup>12</sup> TSTD <sup>12</sup> TSTD <sup>12</sup> TSTD <sup>12</sup> Hole Size <sup>12</sup> Casing & Tubing Size <sup>12</sup> Dapith Set <sup>12</sup> Dapith Set <sup>12</sup> Sanka Camana <sup>12</sup> Hole Size <sup>12</sup> Casing & Tubing Size <sup>12</sup> Dapith Set <sup>12</sup> Dapith Set <sup>12</sup> Sanka Camana <sup>12</sup> Units <sup>12</sup> Casing & Tubing Size <sup>12</sup> Test Longph <sup>12</sup> Tag, Freemer <sup>12</sup> Cag, Freemer <sup>12</sup> Date <sup>12</sup> Casing <sup>12</sup> Test Data <sup>12</sup> Test Longph <sup>12</sup> Tag, Freemer <sup>12</sup> Cag, Freemer <sup>12</sup> Date <sup>12</sup> OB <sup>12</sup> Cas Dativery Date <sup>13</sup> Test Date <sup>17</sup> Test Longph <sup>12</sup> Tag, Freemer <sup>12</sup> Cag, Freemer <sup>12</sup> Date <sup>13</sup> OB <sup>13</sup> Test Date <sup>17</sup> Test Longph <sup>13</sup> Tag, Freemer <sup>12</sup> Cag, Freemer <sup>14</sup> Date <sup>14</sup> OB <sup>14</sup> Test Date <sup>14</sup> Test Longph <sup>15</sup> Test Longph <sup>15</sup> Test Casing <sup>15</sup> Cag, Freemer <sup>14</sup> I barrey corriving that the number of the Oil Conservation Driving arrow completes to the casing of strugges to the barrey of strugges and baland.   OIL CONSERVATION DIVISION     Kapeverse brief.   Signature:   OISTERICT I SUPERVISION     Kapeverse brief.   Signature:   District I SUPERVISION </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td>								_		
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"Choke Size   "OIL   "Two Makes     "I horeory correly that the rules of the Oil Conservation Division have born compared with and that the information given above is true and completes to the born of my have born compared belief.   OIL CONSERVATION DIVISION     "I horeory correly that the information given above is true and completes to the born of my have born belief.   OIL CONSERVATION DIVISION     Signamore:   Judy Bagweld   Take:   ORIGINAL SIGNED BY CHRIS WILLIAMS     Primod name:   Judy Bagweld   Take:   DISTRICT I SUPERVISOR     Take:   Supt. Staff Office Asst.   Approve Date:   SEP 2 4 1990     "I this is a change of experiment fill in the OGRID measure and anno of the provise experiment."   Title:   Date:		a Delivery Date	* Test D		" Test i		" The.	Presser	* Cag. Pressure	
Choice Size   Cold   Wither   Cold   Wither   Cold   Mode     ** I horsetry contary that the name of the Oil Conservation Division have been completed with and that the information given above is true and complete to the been of my hardwidge and belief.   OIL CONSERVATION DIVISION     Signamere:   Judy Bagweld   Approved by:   ORIGINAL SIGNED BY CHRIS WILLIAMS     Primod anne:   Judy Bagweld   Tâle:   DISTRICT I SUPERVISOR     Tale:   Supt. Staff Office Asst.   Approved Date:     Date:   9-15-98   Phone: 713-431-1020   SEP 2 4 1930     * If this is a change of operator fill in the OGRID because and of the previous operators.   Date:   Date:		-								
with and that the information given above is true and completes to the bear of any knowledge and belief. OIL CONSERVATION DIVISION   Signature: Judy Bagwelt Approved by: ORIGINA', SIGNED BY CHRIS WILLIAMS   Printed anne: Judy Bagwelt Title:   Title: Supt. Staff Office Asst. Approved Date:   0 SEP 2 4 1990   * If this is a change of operator fill in the OGRID measurer and same of the provise operatore. Date:	" Choke Sim	* OI	a Wata		- G		<b>—</b>	AOF	* Tust Mathee	
with and that the information given above is true and completes to the bear of any knowledge and belief. OIL CONSERVATION DIVISION   Signature: Judy Bagwelt Approved by: ORIGINA', SIGNED BY CHRIS WILLIAMS   Printed anne: Judy Bagwelt Title:   Title: Supt. Staff Office Asst. Approved Date:   0 SEP 2 4 1990   * If this is a change of operator fill in the OGRID measurer and same of the provise operatore. Date:										
Innovisidge and belief.   Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS     Signature:   Judy Bagweld     Printed anne:   Judy Bagweld     Title:   Supt. Staff Office Asst.     Date:   9-15-78     Phone:   713-431-1020     If this is a change of operator fill in the OGRID producer and name of the provise operatory.	" I hereby certary that the miss of the with and that the information given at	Oil Conservation Dr ove is true and comp	vision have been co jets to the best of a	mpiet (	C		ONSERVA	TION D	IVISION	
Printed same: Judy Bagweld Title: DISTRICT I SUPERVISOR   Title: Supt. Staff Office Asst. Approved Date:   Date: 9-15-78 Phone:: 713-431-1020   * If this is a champe of operator fill in the OGRID measurer and same of the province operator. Title-	knowledge and belief.				Approved by:	ORIGINU	ם מבטימוס פ	Y CHRIQ V	MULIAMS	
Title: Supt. Staff Office Asst. Approval Data:   Data: 9-15-98 Phones: 713-431-1020 SEP 2 4 1990   If this is a change of operator fill in the OGRID measurer and more of the provises operators. Title- Data-	- Sudys	Baquel	<u>/</u>							
Supr. Stati office Asst. SEP 2 4 1990   Date: 9-15-98 Pecase: 713-431-1020 SEP 2 4 1990   If this is a change of operator fill in the OGRID measurer and means of the previous operators. Title- Date-										
This is a change of operator fill in the OGRID measurer and some of the provises operator.							SEP 24 1	998 ——		
Title Date										
	Provises Operates	Signature		-	Printed Nam	<b>)</b>	-	TH		

## New Me and Oil Conservation Division C-104 Instructions

F THIS	IS AN AMENDED REPORT, CHECK THE BOX LABLED DED REPORT" AT THE TOP OF THIS DOCUMENT	2 <b>2</b> .	The ULSTR location well completion loc (Example: "Battery
Report all ges 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			The POD number of from this property. this POD has no r number and write (
000104	nos with fluis 111.	24.	The ULSTR location well completion loc (Example: "Battern
	a recompleted wells.		Tank .atc.J
TH out only sections i. U. III. IV. and the operator certifications for manges of operator, property name, well number, transporter, or the such changes.		25.	MO/DA/YR drilling
	•	26.	MO/DA/YR this co
алрна. Сапрна -	irate C-104 must be filed for each pool in a multiple uon.	27.	Total vertical depu
merce	any filled out or incomplete forms may be returned to	28.	Plugback vertical (
operato 1.	operator's name and address	29.	Top and bottom t snoe and TD if op
2. C	Operator's OGRID number. If you do not have one it will	30.	Inside diameter of
	be assigned and filled in by the District office.	31.	Outside diameter
3.	Reason for filing code from the following table: NW New Well RC Recomplision	32.	Depth of casing al bottom.
	CH Change of Operator AQ Add oil/condensate transporter	3 <b>3.</b>	Number of sacks
CA	CO Change oil/concensate transporter AG Add gas transporter CG Change gas transporter	The fo	bilowing test data is clad only after the to
	RT Request for test silowable (include volume requested)	34.	MO/DA/YR that n
	If for any other reason write that reason in this box.	35.	MO/DA/YR that g
4.	The API number of this well	36.	MO/DA/YR that t
5.	The name of the pool for this completion	37.	Longth in hours o
6. 7.	The pool code for this pool The property code for this completion	38.	Flowing tubing pi Shut-in tubing pr
7. 8.	The property name (well name) for this completion	3 <b>9</b> .	Flowing casing p
а. 9.	The weil number for this completion		Shut-in casing pr
э. 10.	The surface location of this completion NOTE: If the	40.	Diameter of the o
10.	United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box.	41.	Barrets of oil pro
	Otherwise use the OCD unit letter.	42.	Barrels of water
11.	The battom hole location of this completion	43.	MCF of gas prod
12.	Lease code from the following table:	44.	Gas weil calculat
	S State	45.	The method use F Flowing
	P Fee J Jicarille		P Pumper S Swebb
	N Navelo		S Swebb If other method
	U Ute Mountain Ute I Other Indian Tribe	48.	The signature.

The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.

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- MO/DA/YR that this completion was first connected to a 14 gas tra
- The permit number from the District approved C-129 for this completion .
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17. complexion
- The gas or oil transporter's OGRID number 18.
- Name and address of the transporter of the product 19.
- 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. 20.
- Product code from the following table: O Oil --G Gas 21.

- on of this POD if it is different from the cauon and a short decrement of the POD  $\gamma$  A<sup>+</sup>, "Jones CPD",etc.)
- of the storage from which water is moved r. If this is a new well or recompletion and number the district office will assign a ) it here.
- ion of this POD If it is different from the ocation and a short description of the POD Irv A Water Tank", "Jones CPD Water
- a commenced
- completion was ready to produce
- th of the west
- depth
- perforation in this completion or casing
- of the well bore
- of the casing and tubing
- and tubing. If a casing liner show top and
- s of cement used per casing string

is for an oil well it must be from a test total volume of load oil is recovered.

- new oil was first produced
- gas was first produced into a pipeline -
- the following test was completed
- of the test
- pressure cii wells pressure gas wells
- pressure ail wells pressure gas wells
- choke used in the test
- oduced during the test
- r produced during the test
- duced during the test
- ated absolute open flow in MCF/D
  - ed to test the well:
    - ng ma

    - ibing i piece write it in.
- The signature, printed name, and title-of the-person suthorized 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 operatos this completion, and the date this report was signed by that person 47.

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