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

AMENDED REPORT

. <b>F</b>	REQUI	EST F	OR	ALL	OWAB	LE A	ND	AU	THC	RIZA	TION	TC	) TR.	ANS	PORT		
Exxon Moh	ul Corn		1 Op	erator Name	and Addres	SS						:	OGRID N				
Exxon Mobil Corporation P.O. Box 4358											257128 3 Reason for Filing Code						
											COMMINGLING						
TX         77210-4358           4 API Number         \$ Pool Name												6 Pool Code					
30-025-06808 Tubb Oil & Gas (Pro									) Gas)					86440			
								erty Name						9 Well Number			
,,,,,,						F Hardison B						5					
I. <sup>10</sup> St	Irface Section	Location Township		Peres	Lot Idn	Fee	t from th	<u>,                                     </u>	North/Soc	uth line	Feet from (	he	F				
OL OF IOC IIO.	27	21S		Range 37E			50	•			1980		East/West Line		County Lea		
		Hole Lo	cat						SOU	In			EAS	T			
UL or lot no.	Section	Township		Range	Lot Idn	Fee	et from ti	he	North/Sc	outh line	Feet from t	he	East/West	Line	County		
12 Lse Code 13 Prod		roducing Metho Code	cing Method 14 Gas Co Code			onnection Date 15 C-		-129 Permit Number		16 C-129 Effective Date		Date	17 C-129 Expiration Date				
III. Oil an	d Gas	Transpo	rter														
18 Transporte OGRID	18 Transporter			19 Transporter Name and Address				<sup>20</sup> POD <sup>21</sup> O/G			22 POD ULSTR Location and Description						
024650	D	DYNEGY MIDSTREA					2805065			C	······································						
024050	10 H	1000 LOUISIANA, STE 5800 HOUSTON, TEXAS 77002					G			G	P-27-21S-37E F.F. HARDISON -B- T/B						
015694		NAVAJO REFINING COMPANY					0949610			0							
		P.O. BOX 159 ARTESIA, NM 88211-0159									P-27-21S-37E F.F. HARDISON -B- T/B						
														Ĩ,			
											l						
IV. Produ	ced W	ater															
23 PO 09490									d ulstr 1E AS		Description						
V. Well C	Comple	tion Dat	ta	<u>.                                    </u>				BAI	IL AS						<u>-</u>		
25 Spud Date			26 Ready Date			27 1	27 TD 28 PBTD			PBTD	29 Perforations 30			30 DHC, MC			
09/08/1946				2/20/1991			6255'		623		5971' - 6		6200'		DHC		
<sup>31</sup> Hole Size			32 Casing & Tub			ize		33 Depth Set						34 Sa	cks Cement		
13 3/8"				10 3/4"			355'			<u>.</u>	325						
9 7/8"			7 5/8"						2796'			1225					
6 3/4"	6 3/4"		5 1/2"					6579'			505		505				
								<u> </u>									
VI. Well				inter Deter	17			1	8 -		39			<u> </u>	40		
05/09/2000				ivery Date		<sup>37</sup> Test Date 08/14/2000		<sup>38</sup> Test Length 24.0						40 Csg. Pressure			
			42 Oil			43 Water		44 Gas			45 AOF		OF	.	<sup>46</sup> Test Method		
32 47 I hereby certify that the rules of		rules of the O	0 f the Oil Conservation Divisi			13/7.28			94/52.64						Rod Pump		
with and that knowledge ar	the inform	ation given ab	in Col love is	s true and con	aplete to the b	est of my				OIL(	CONSER	VAT	ION DI	VISIC	N		
Signature:	<u>)</u> /e	the						Approved	l by:	<i>; ,</i> ;	<del></del>			<del>sual</del> a	WILLIAMS		
Printed Name:	Laura I	R. Fosha						Title:			- 	an an An ta					
Title: Completions Asst. Contract								Approved	by Date	*							
	Date: 09/21/2000				Phone: (713) 431-1826								2 2000				
48 If this is a ch	ange of ope	erator fill in th	e OG	RID number	and name of t	he previous	s operat	or.					<u>- E</u>				
		- O						inted Nam				T	ïtle		Date		
1	Previou	is Operator Si	Ritatu	10			<b>r</b> []	itali				,			Date		

New Mexico Oil Conservation Division C. 104 uctions

## I-THIS IS AN AMENDED REPORT. CHECK THE BOX LABELED AMENDED REPORT AT 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
- 2.3. 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
    - Recompletion

    - Change of Operator Add oil/condensate transporter
    - RC CH AO CO Change oil/condensate transporter
    - ÂĞ CG

    - Add gas transporter Change gas transporter Request for test allowable (Include volume requested) ŔŤ
- 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 The property code for this completion
- 4. 5. 6. 7. 8. 9. 10.
- The property name (well name) for this completion The well number for this completion

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.
 The bottom hole location of this completion

- 11. 12.
  - Lease code from the following table:
    - Federal
    - Б Р State
    - Fee J Jicarilla
    - Ν
    - Navajo Ute Mountain Ute U
    - Other Indian Tribe
- The producing method code from the following table: 13.
  - 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 Name and address of the transporter of the conduct

- 14. 15. 16. 17. 18. 19. 20.

Name and address of the transporter of the product 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

- A new well or recompletion 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.
  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.)
  MO/DA/YR drilling commenced
  MO/DA/YR this completion was ready to produce
  Top and bottom perforation in this completion end the completion in this completion in this completion end to be completion in this completion.

- 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 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 The method used to test the well: F Flowing

- 45.
- 46.
  - 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 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 

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