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

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised March 25, 1999 Instructions on back Submit to Appropriate District Office 5 Copies

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

)40 Pacheco), Santa F	Fe, NM 875	05		-, - (-						AMENDED REPORT	
<u> </u>	REQUI	EST F	OR ALLO	OWABLE	ANI) A	<u>UTHO</u>	RIZA'			NSPORT	
Erron Mol	hil Corr		Operator Name	and Address					2	OGRID Nu	mber 8-7673	
Exxon Mol P.O. Box 4	-	xoration						-		257120		
	1330		mw <i>990</i> 10	4150					•		NGLING	
Iouston 4 A	API Number	:r	TX 77210-	5 Pool	Name		1		6 Pool Code			
30-025-06808 Blinebry Oil &					Gas (Oil)				06660			
	perty Code			rty Name	y Name			9 Well Number				
	004180			F F Hardison	n 'B'						5	
UL or lot no.			· · · · · · · ·	Range Lot Idn Feet f			North/Sou	-C 11	Feet from the	- av1		
OL or lot no.	Section 27	Township 21S	Range 37E		Feet from				1980	East/West L	T	
11 Bottom Hole L			<u> </u>			SOUTH		I'H		EAST		
UL or lot no.	Section	Township				Feet from the North/South line			Feet from the	East/West I	Line County	
12 Lse Code	13 P	Producing Method Code			15 (15 C-129 Permit Number			16 C-129 Effective D	ate	17 C-129 Expiration Date	
7.2		Transpor	10		1 .	20		21	· · · · · · · · · · · · · · · · · · ·	aa POD II	II CTD I acreion	
18 Transporter OGRID			Transporter Name and Address			²⁰ POD ²¹ O/			22 POD ULSTR Location and Description			
024650		-	NEGY MIDSTREAM SERVICES D LOUISIANA, STE 5800			2805065		G	** == == ==			
	H	OUSTON,	TX 77002	W						P-27-21S-37E F.F. HARDISON -B- T/B		
015694	N.	AVAJO RI	EFINING COM	0040	040610			F.F. III	10014 -1	1/D		
V1307-	P.	P.O. BOX 159 ARTESIA, NM 88211-0159			UZTZ	0949610 O			P-27-21S-37E			
									F.F. HARDISON -B- T/B			
V. Produ	uced W	/ater		·					 			
23 P	_				-	24 F	POD ULSTR	Location and	l Description			
	065C					SA	ME AS	OIL				
V. Well Completion Data					27 — 28 ppgp				29 Perforations 30 DHC, MC			
²⁵ Spud Date 09/08/1946			²⁶ Ready Date 04/24/2000	27 TD 28 PBTD 255' 6235'				5656'-5902' DHC		, i		
	Hole Size			ing & Tubing Size	33 Depth Set					34 Sacks Cement		
13 3/8"	Hoic on		10 3/4"				•			325		
9 7/8"			7 5/8"				6'			1225		
6 3/4"			5 1/2"	6579'					505			
0 3/4			3 1/2									
VI Well	1 Test	Data										
VI. Well Test Data 35 Date New Oil 36G			as Delivery Date	as Delivery Date 37 Test Date			38 Test Length			ressure	40 Csg. Pressure	
05/09/2000			08/14/200			24.0						
41 Choke Size 42		42	91 13,50	13.00	3.00 41.364 Gy 940) 45 A	OF	46 Test Method		
32 5.		94/7.56	3.	41.36/52.6			<u> </u>	- Rod Pump				
				vision have been comp replete to the best of m				our c	CONSERVAT	ION DIV	'ISION	
knowledge a		7				1-2m	and here				r [*]	
Signature:		5-				Approv	eu oy.		9.5			
Printed Name:	Laura 1	R. Fosha				Title:			• 27,43 · · ·			
Title: Completions Asst. Contract						Approved by Date:						
Date: 08/2				713) 431-1826						- ਹ:		
48 If this is a cl	hange of op	erator fill in th	e OGRID number a	and name of the previ	ous oper	ator.						
	Previo	- Carantos Si				Printed N	2me		T	itle	Date	
	Previou	ous Operator Sig	gnature		•	THING	alic		-	ш	-	



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

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 Recompletion

CH Chapter of Operator 2.

CH

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

AG Add gas transporter
CG Change 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 real feaching and the real feach

4. 5. 6. 7. 8. 9.

- 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 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

Lease code from the following table:

Federal

- S P State
- Fee
- Jicarilla
- Navajo Ute Mountain Ute Other Indian Tribe Ü
- The producing method code from the following table:

 F Flowing 13.

- 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 OCPID number 14. 15. 16. 17. 18. 19.

The gas or oil transporter's OGRID number

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.

¥*.

Product code from the following table: 0 Oil

G Gas

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery "Jones CPD" etc.) 22. A", 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.)

 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 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

 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.

 Inside diameter of the exiling 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 into a pipeline

 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

 MO/DA/YR that the following test was completed.

 Flowing tubing pressure oil wells Shut-in casing pressure gas wells

 Flowing tubing pressure oil wells Shut-in casing pressure gas wells

 Flowing tubing pressure oil wells Shut-in casing pressure gas wells

 Barrels of oil produced during the test

 Barrels of oil produced during the test

 MCF of gas produced during the test

 MCF of gas produced to test the wall-

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

45. 46. The method used to test the well:

F Flowing

- 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