District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410

District IV

2040 South Pacheco, Santa Fe, NM 87505

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

Submit to Appropriate District Office 5 Copies

### X AMENDED REPORT

I.	R	EQUEST	FOR A	LLOWAB	LE AND	) AUT	HORI	ZATIO	ON TO TRA	ANSPOR	T	
Europ C			<sup>1</sup> Operator n	ame and Address						<sup>3</sup> OGRID !	Number	
Exxon C			007673 <sup>3</sup> Reason for Filing Code									
									RC		and cour	
•	° P	Pool Name				Pool Code						
<b>30 - 0 25-</b> 06809 Blinebry Oil & Gas (Pro										72	480	
' Property Code						roperty Name			' Well Number			
004180		Leadian		rdison -B-						6		
[]. <sup>10</sup> Ul or lot no.	Surface	Location Township	Range	Lot.Idn	Feet from th	ne	North/Sou	uth Line	Feet from the	East/West li	ine County	
		-								_		
J 27 21S		37E			80 Sout		h	1980	East	LEA		
		Hole Loc		Lot Idn	Feet from t	ha	North /So	with Nasa	Feet from the	East/West li	La Countr	
UL or lot no.	Section	Township	Range	Lot Idn	Feet from t	ле	North/So		r eet from the	Last/ west I	ine County	
<sup>11</sup> Lse Code	<sup>13</sup> Produc	ing Method Co	de <sup>14</sup> Gas	Connection Date	 e   <sup>15</sup> C-1	29 Permit	t Number		<sup>14</sup> C-129 Effective I	Date	<sup>17</sup> C-129 Expiration Date	
		Transmont						.1		I		
		Transport	CIS Transporter	Name		20 POL	)	<sup>21</sup> O/G	<u> </u>	" POD ULST	R Location	
<sup>18</sup> Transporter OGRID			and Address					0/0	and Description			
			gy Midstream Services			9630 G			P-27-21S-37E			
024650		00 Louisia uston, TX		5800	091	0			F. F. Hardison -B- T/B			
01569 <b>4</b>		Navajo Refining Company P.O. Box 159			094	0949610 0		0	P-27-21S-37E			
		Artesia, NM 88211-0159							F. F. Hardison -B- T/B			
<u> </u>						_						
_												
										··		
<b>-</b>												
V. Prod	uced Wa	ater										
<sup>23</sup> POD						<sup>24</sup> POD ULSTR Location and Description						
094965	0	same	e as oil									
V. Well		tion Data										
			<sup>4</sup> Ready Date <sup>27</sup> T			<sup>24</sup> PBTD		"Perfora	tions	<sup>30</sup> DHC, MC		
5-01-2000		5-5-2	2000	658	0		6216'		5470 <b>' -</b> 56	36'		
	<sup>31</sup> Hole Size			Casing & Tubin	g Size			Depth Se	t	3	Sacks Cement	
15"			10 3/4"			321'				250		
9 7/8"			7 5/8"			279				1200		
6 3 <b>/4"</b>			5 1/2"			6579'				525		
	Test D	ata										
VI. Well Test Data <sup>34</sup> Date New Oll <sup>34</sup> Gas			Delivery Date 37 Test Date			<sup>30</sup> Test Length		" Tbg. Pressure		" Csg. Pressure		
5-16-00			•	5-25-00								
4 Chok	e Size	41 Oil			<sup>43</sup> Water		<sup>44</sup> Gas		45 AOF		" Test Method	
		.7		3		10						
				vision have been collete to the best of			0	IL CC	ONSERVAT	ION DI	VISION	
knowledge and												
Signature:	$\mathcal{Q}_{in}$	ila t	Koch			Approved	by:					
Printed name.						Title:			Constants			
Title:		Approval Date:										
Comple							Harris Contractor					
Date: 2-25				713-431-128 ber and name of t		nerator				· · · · · · · · · · · · · · · · · · ·		
- II this is a cl	ange or ope	FRIOT III IN INC	AAKT DAU	oci and name of t	me hi caiona (	PCIAIOI						
	<b>D</b>	Operator SI-	oturo			Deries	ed Name			Title	Date	
Previous Operator Signature						Printed Name			Title Date			

## New Mexico Oil Conservation Division C-104 Instructions

#### IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

# Report all gas 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 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 forms may be returned to operators unapproved.

- 1. 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. 2.
- Reason for filing code from the following table: NW New Well RC Recompletion CH Change of Operator AO Add oil/condensate transporter CO Change oil/condensate transporter CG Change gas transporter RT Request for test allowable (Include volume requested) If for any other reason write that reason in this box. 3.
- 4 The API number of this well.
- 5. The name of the pool for this completion.
- 6. The pool code for this pool.
- 7. The property code for this completion.
- 8. The property name (well name) for this completion.
- The well number for this completion. 9
- The surface location of this completion. NOTE: If the United States 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. 10.
- 11. The bottom hole location of this completion.
- 12 Lease code from the following table:

Federal
State
Fee
Jicarilla
Navajo

Ň U I

- Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.
- 14. MM/DD/YY that this completion was first connected to a gas transporter.
- The permit number from the District approved C-129 for this completion. 15.
- 16. MM/DD/YY of the C-129 approval for this completion.
- $\ensuremath{\text{MM/DD/YY}}$  of the expiration of C-129 approval for this completion. 17.
- 18. The gas or oil transporter's OGRID number.
- 19. 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 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.
- 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.) 22.

- 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. 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 Water Tank", "Jones CPD Water Tank", etc.). 24.
- 25. MO/DA/YR drilling commenced.
- MO/DA/YR this completion was ready to produce. 26.
- 27. Total vertical depth of the well.
- 28 Plugback vertical depth.
- Top and bottom perforation in this completion or casing shoe and TD if openhole. 29.
- Write in 'DHC' if this completion is downhold commingled with another completion of 'MC' if there is more than one non-commingled completion in this well bore. Attach actual completed well bore diagram 30.
- 31. Outside diameter of the casing and tubing.
- 32. Depth of casing and tubing. If a casing liner, show top and bottom.
- 33. 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.

- 34. MM/DD/YY that new oil was first produced.
- 35. MM/DD/YY that gas was first produced into a pipeline.
- 36. MM/DD/YY that the following test was completed.
- 37. Length in hours of the test.
- 38. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- 39. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 40 Diameter of the choke used in the test.
- 41. Barrels of oil produced during the test.
- 42. Barrels of water produced during the test.
- 43. MCF of gas produced during the test.
- 44. Gas well calculated absolute open flow in MCF/D.
- The method used to test the well: F Flowing P Pumping S Swabbing If other method please write it in. 45.
- 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. 46.
- 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. 47.

