District (PO Box 1990, Hobbs, NM 85241-1999 District II "O Drawer DD, Artenia, NM 85211-0719			State of New Mexico Easter, Mineras & Nature Reserves Department OIL CONSERVATION DIVISION					Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office					
District III 1988 Rio Brazza Rd., Aztar, NM 87418 District IV			PO Box 2088 Santa Fe, NM 87504-2088					5 Copies					
PO Baz 2008, Santa I.			FOR A	LLÓWAI	BLE ANI	D AU	THORIZATI	ION TO TR					
Operator same and Address							* OGRID Number 007673						
	Exxon Corp. Attn: Permitting P. O. Box 4358							' Ressea for Filing Code					
Houstor	n, TX	77210						CO effective 5-1-98					
• API Number 30 - 0 25-06811			۴۰۰۰ Blinebry Oil & Gas (Ga				N Name		* Pool Code 72480				
' Proparty Code 004180			' Property Name F. F. Hardison -B-					' Well Number 8					
	riace Lo						N						
	27 1	215	Range 37E	Lot.ida	Feet from 1 1980	A¢	North/South Line	Feet from the	East/West & East	Lea			
¹¹ Bo	¹¹ Bottom Hole Loca												
		Township	Range	Lot Ida	Fest from	the	North/South line	Fost from the	East/West i	ne County			
¹¹ Lee Code 1 ¹⁰ P	• Producing F	Method C	ode ¹⁴ Ger	Connection D 5/1/96	ale 14 C-1	29 Permi	L Number	* C-129 Effective	Date '	C-129 Expiration Date			
III. Oil and	Gas Ti	anspor	ters		<u> </u>								
¹ Transporter OGRID			Transporter and Addr			²⁰ POI	D ¹¹ O/G		" POD ULST				
022345	1		E&P Inc.			0949630 G		P-27-21S-37E					
and the second second				NM 88231				F. F. Hardison -B- T/B					
015694 Navajo			Refining Company 09			949610 P-27-21S							
P. O. B Artesia			NM 88211_0159						erdison -B- T/B				
3 Tests for a set of a set										<u> </u>			
an diditi sana sala sin ila. Sa setati ti puta any sala sin ila si sa													
IV. Produc			<u></u>			- 800 I II	STR Location and	Description		······			
0949650		s	same as	oil		100 01							
V. Well Completion Data									²⁷ Performisons				
Spee	Dele	²⁶ Ready Da		Usie	عند " ۲			" PETD					
	Hole Size		3	Casing & Tub	ning Sime	Ţ	²² Depth S	iat		Sacks Coment			
			+	<u> </u>									
							· ·						
VI. Well T		a				<u> </u>							
³⁴ Date Nor	- 01	³⁴ Gas i	Delivery Date		Test Date		" Test Length	" Tbg. /	Pressure	" Cag. Pressure			
" Choke	" Choke Sim		4 OB 4		" Water		a Gas-		OF	* Tast Method			
** I bereby certify with and that the						1			יית אחדי				
knowledge and be	with and that the information given above is true and complete to the best of my knowledge and belief.												
Printed same: "	- Chudy Manuell							Approved by: RIGNED BY Title: RIGNESE N					
Title: Judy Bagwell Title: Supt. Staff Office Assistant							Approved Date: 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.						
Dete: 5-4													
" If this is a ch		uer fil in	the OGRID	bender and na	me of the prev	isus oper	ziet»						
	Provines O	arator Sia				Prim	ad Name	<u> </u>	Title	- Date -			

Printed Name--

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Provious Operator Signature

		r Merica Oil Co C-104 Ins	ructions			
IF THIS	IS AN A	AMENDED REPORT CHECK THE BOX LABLED RT AT THE TOP OF THIS DOCUMENT	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.)		
Report	ni oil volu	umes at 15.025 PSIA at 60°. Thes to the nearest whole barrel.	23.	The POD number of the storage from which water is moved from this property. If this is a new well or recomplication and this POD has no number the district office will assign a		
1000mp	aned by	weble for a newly drilled or deepened well must be a tabulation of the deviation tests conducted in Rule 111.	24.	number and write it here. The ULSTR location of this POD if it is different from the		
All sections of this form must be filled out for allowable requests on new and recompleted wells.				well completion location and a short description of the POD [Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)		
Fill out only sections i, II, III, IV, and the operator cartifications for changes of operator, property name, well number, transporter, or				MO/DA/YR drilling commenced		
	ich chang		26.	MO/DA/YR this completion was ready to produce		
	vata C-10 uon.	04 must be filed for each pool in a multiple	27.	Total vertical depth of the well		
Improperty filled out or incomplete forms may be returned to operators unapproved.			28.	Plugback vertical depth		
			29.	Top and bottom perforation in this completion or casing shoe and TD if opennois		
2.	Operate	or's OGRID number. If you do not have one it will	30.	Inside diameter of the well bore		
	be assi	gned and filled in by the District office.	31.	Outside diameter of the casing and tubing		
3.	NW RC) for filing code from the following table: New Well Recompletion	32.	Depth of casing and tubing. If a casing liner show top and bettom.		
	CH AO	Change of Operator Add oil/condensate transporter	33.	Number of sacks of coment used per casing string		
CO AG CG	Change oil/condensate transporter Add gas transporter Change gas transporter	The fo	bliowing test data is for an oil well it must be from a test cted only after the total volume of load oil is recovered.			
	RT	Request for test allowable (Include volume	34.	MO/DA/YR that new oil was first produced		
	If for a	requested) ny other reason write that reason in this box.	35.	MO/DA/YR that gas was first produced into a pipeline		
4.	The Al	Pl number of this well	36.	MO/DA/YR that the following test was completed		
5.	The ne	me of the pool for this completion	37.	Length in hours of the test		
6.	The po	oci code for this pool	38.	Flowing tubing pressure - oil wells		
7.	The pr	operty code for this completion	•••	Shut-in tubing pressure - gas wells		
8.		operty name (well name) for this completion	39.	Flowing casing pressure - oil wells Shut-in casing pressure - gas wells		
9.		ell number for this completion	40.	Diameter of the choke used in the test		
Lipited States comment survey d		urface location of this completion NOTE: If the States government survey designates a Lot Number	41.	Barrels of oil produced during the test		
	for thi	s location use that number in the 'UL or lot no.' box.	42.	Barrels of water produced during the test		
11.	The b	attom hole location of this completion	43.	MCF of gas produced during the test		
12.		code from the following table:	44 .	Gas well calculated absolute open flow in MCF/D		
1 6.	FS	Federal State	45.	The method used to test the well:		
	P J	Fee		F Flowing P Pumping		
	N	Jicarille Navajo Navajo		S Swebbing If other method please write it in.		
	U I	Ute Mountain Ute Other Indian Tribe	46.	The signature printed name and titles of the person		
1 3 .	The p F P	roducing method code from the following table: Flowing Pumping or other artificial lift		authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report		
14.	MO/D	A/YR that this completion was first connected to a rensporter	47.	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		
15.	- The p	ermit number from the District approved C-129 for				
16.	MO/C	A/VR of the C-129 approval for this completion				
17.		A/YR of the expiration of C-129 approval for this				

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MO/DA/YR of the expiration of C-129 approval for this completion 17.

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.

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- Product code from the following table: O Oil -G Gas 21.

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