Submit 5 copies Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT C	IL AND	NATURAL	GAS

EXXON CORPORA	TION					weii A	.PI No. 30	025068	11
Address ATTN: REGULA P. O. BOX 16(MIDLAND, TX	10	AIRS		<u> </u>					
Reason(s) for Filing (Check proper box)	17142			·	Other (Please	explain)			
New Well	Chan	ge in Transp	orter of:			• •	NCE FFFFC	TIVE 11/1/	01
Recompletion	Oil	Dry	Gas 🔲		DHC-777	URIER CI		11VE 11/1/	71
Change in Operator	Casinghead Ga	s 🔀 Cond	densate						
f change of operator give name nd address of previous operator									
I. DESCRIPTION OF W									
Lease Name F F HARDISON B	w. 8/	/ /	ol Name, Including	Formation			f Lease Federal or Fee	Lea	ase No.
Location			ALINARD DAS						
Unit Letter	: 198	<u>80</u> Fe	et From The <u>S</u>	DUTH Li	ne and6	50 Fe	et From The_	EAST	Line
Section 27 Townshi	<u>p 21-s</u>	R	lange 37-E		, NMPM,		LEA		County
III. DESIGNATION OF T Name of Authonzed Transporter of Oil [TEXAS-NEW MEXICO F Name of Authonzed Transporter of Casin SID RICHARDSON CAF If well produces oil or liquids, give location of tanks.	PIPELINI ghead Gas X BON & C	or Condensa CO. or Di GASOLI	ry Gas [NE CO.	Address (Gin BOX 42 Address (Gin 201 MA Is gas actual	ve address to wh 2130, Ho ve address to wh AIN ST. ly connected?	ich approved DUSTON ich approved FT. When?	, TX. copy of this for WORTH,	77242- m is to be sent)	2130
f this production is commingled with that	from any other	iease or poo	ol, give comminglin	g order numt	er PC-26	3			
V. COMPLETION DATA			- ····						
	· · · · · · · ·	Oil Well	Gas Well						
Designate Type of Complet	ion - (X) 🏼			New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	ion - (X) Date Compl.		1 1	New Weil Total Depth	Workover I	Deepen	Plug Back P.B.T.D.	Same Rei'v 1	Diff Res'v I
Date Spudded		Ready to Pr	od.	I I	I I	¹ Deepen	1 • · · ·		Diff Res'v I
Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. 1	Ready to Pr	od.	Total Depth	I I	Deepen	P.B.T.D.	h	Diff Res'v I
Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. I Name of Prod	Ready to Producing Form	ation	Total Depth Top Oil/Gas	Pay		P.B.T.D. Tubing Dept	h	TDiff Res'v
Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. I Name of Prod TUB	Ready to Pro-	od.	Total Depth Top Oil/Gas	Pay	CORD	P.B.T.D. Tubing Depi Depth Casin	h	
Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	Date Compl. I Name of Prod TUB	Ready to Pro-	ation	Total Depth Top Oil/Gas	Pay TING RE	CORD	P.B.T.D. Tubing Depi Depth Casin	h g Shoe	
Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	Date Compl. I Name of Prod TUB	Ready to Pro-	ation	Total Depth Top Oil/Gas	Pay TING RE	CORD	P.B.T.D. Tubing Depi Depth Casin	h g Shoe	
Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	Date Compl. I Name of Prod TUB	Ready to Pro-	ation	Total Depth Top Oil/Gas	Pay TING RE	CORD	P.B.T.D. Tubing Depi Depth Casin	h g Shoe	

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, e	pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas-MCF		

Submit 5 copies State of New Mexico Form C-104 Appropriate District Office Revised 1-1-89 DISTRICT I P.O. Box 1980, Hobbs, NM 88240 Energy, Minerals and Natural Resources Department See Instructions at Bottom of Page **OIL CONSERVATION DIVISION** DISTRICT II P.O. Drawer DD, Artesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. EXXON CORPORATION 3002506811 ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702 Address Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: GAS TRANSPORTER CHANGE EFFECTIVE 11/1/91 \square Dry Gas Recompletion Oil DHC-777 Change in Operator Casinghead Gas 🗙 Condensate 🗌 If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation Kind of Lease Well Lease No. F F HARDISON B ayd State, Federal or Fee BLINEBRY GAS Location I 1980 Feet From The SOUTH Line and 660 Unit Letter ____ _ Feet From The EAST Line Section 27 Township 21-S Range 37-E , NMPM, LEA County **III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS** X hich approved copy of this form is to be sent) ess to TEXAS-NEW MEXICO PIPELINE CO. BOX 42130, HOUSTON, TX. 77242-2130 Address (Give address to which approved copy of this form is to be sent) 201 MAIN ST., FT. WORTH, TX. 70 Name of Authorized Transporter of Casinghead Gas or Dry Gas SID RICHARDSON CARBON & GASOLINE CO. 76102 Rge. If well produces oil or liquids, Unit Twp. When? Sec. Is gas actually connected? give location of tanks. ł 27 I 21-S 37-E Ρ YES 11-1-91 If this production is commingled with that from any other lease or pool, give commingling order number PC-268 IV. COMPLETION DATA Workover Oil Well Gas Well New Well Plug Back Deepen Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT **7. TEST DATA AND REQUEST FOR ALLOWABLE** OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours. Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test **Fubing** Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas-MCF <u>GAS WELL</u> Actual Prod Test - MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Tesung Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation baye been complied with and that the information given above is complete to the best of my knowledge and belief. Divisio JAN 17'92 true and Date Approved. p ٩ . signed by Signature Paul Kauta, By ___ Geologist Don J. Bates Administrative Specialist Printed Name Title Title_ 01/14/92 (915) 688-7119 Date Telephone No INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepend well must be accompanied

by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 copies	
Appropriate District Office	
DISTRICT I	
P.O. Box 1980, Hobbs, NM	88240

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		10 11				<u>ni U Kr</u>		Well A	PI No.		
EXXON CORPOR										002	506811
Address ATTN: REGULA P. O. BOX 16 MIDLAND, TX	79702		T S								¥=== ,
Reason(s) for Filing (Check proper box New Well						Other (P	•	,			
Recompletion	Oil	Č –	ransporter o	f:				TER CH	NGE EFFE		11/1/91
Change in Operator			Dry Gas			DHC-77	7				
If change of operator give name	Casingnead		Condensate			<u> </u>					
and address of previous operator				<u> </u>		<u> </u>					· · · · ·
II. DESCRIPTION OF V Lease Name	VELL AI			e Including	Formation			Kind o			
F F HARDISON B		and	1	BRY GAS	ronnation				ederal or Fee	2	Lease No.
Unit Letter	_ : _1	.980	_ Feet Fron	n The	<u>оитн</u> 1	ine and	660	Fe	t From The.		EAST
Section 27 Towns	hip 21- 5			37-E		, NMPM			LEA		U.
III. DESIGNATION OF	TRANSI	PORTE	ROFO	DIL AN		JRAL	GAS				Coun
Name of Authonzed Transporter of Oil TEXAS-NEW MEXICO		or Cond	ensate X		Address (Gi BOX 4	ve address	o which	approved of STON	opy of this fo.		o be sent) 242-2130
Name of Authorized Transporter of Casi SID RICHARDSON CA	nghead Gas RBON 8	GASC	or Dry Gas		Address (Gi 201 M/	ve address	o which	approved a	opy of this for NORTH,	rm is ti	he senti
If well produces oil or liquids, give location of tanks.		^{Sec.}	Twp.	¹ _{Rge.} 37-Е	Is gas actual			When?	-1-91		
If this production is commingled with that	t from any ot	her lease or	L	L			268				
IV. COMPLETION DAT	<u>A</u>				New Well	Workove		eepen			
Designate Type of Comple) 1			l L	I I	I 	eepen	Plug Back	'Samo	Res'v Diff R
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth				P.B.T.D.		
Elevations (DF, RKB, RT, GR, stc.)	Name of P	roducing F	ormation		Top Oil/Gas	Pay	<u></u>	··	Tubing Dep	th	
Perforations					L				Depth Casin	g Shoe	1
	TU	BING,	CASING	GAND	CEMEN	TING	RECO	RD	L		
HOLE SIZE			UBING S			DEPTH				ACK	CEMENT
											CENTENT
			·								
V. TEST DATA AND RE	QUEST	FOR A	LLOW	ABLE		<u> </u>	<u> </u>				
OIL WELL (Test must be after Date First New Oil Run To Tank		tal volume		ind must be	<u>egual to or e</u> Producing M	<u>cceed top a</u> ethod (<i>Fl</i>)	llowable	<u>for this de</u>	<u>oth or be for p</u>	<u>ull 24</u>	hours.)
Length of Test	Tubing D			•				, gus n/n, i			
	Tubing Pre	ssure			Casing Press	lre			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls. Gas-MCF			<u> </u>			
GAS WELL									•		
Actual Prod Test - MCF/D	Length of T	`est			Bbls. Conder	sate/MMC	F		Gravity of C	ondens	ate
Festing Method (pitot, back pr.)	Tubing Pre	sure (Shut	-in)		Casing Press	ure (Shut-i	n)		Choke Size		
VI. OPERATOR CERTIF	ICATE	OF CO	MPLIA	NCE		0		NSER	VATIO		IVISION
I hereby certify that the rules and regula Division have been complied with and t	ations of the (Dil Conserv.	ation			~.			• -		
true and complete to the best of my kno	wiedge and b	elief.			Date	Approv	ed		JAN 1	7 ' 9;	2
Signature	ne'						D ⁻	. signe	d by		
		• • • • •			Ву _			ul Kau	us, .		
Don J. Bates	Admin	<u>istrativ</u>	/e Speci : Title	<u>alis</u> t	T41-			eolog	at at	-	
01/14/92			<u> 688-7</u>	119	i itie				<u> </u>		
Date		Telep	hone No.	_							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepend well must be accompanied

by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		TO TR	ANSPORT OIL	AND N	ATURAL	GAS			
Operator EXXON CORPOR						Well	API No. 3	0025068	11
Address ATTN: REGULA P. O. BOX 16 MIDLAND, TX	TORY 4		RS						
Reason(s) for Filing (Check proper box)				Other (Please	explain)		· _ ·	
New Well			ransporter of:		GAS TRANSI	ORTER CH	ANGE EFFE	TIVE 11/1.	/91
Recompletion	Oil	=	Dry Gas		DHC-777				
Change in Operator	Casinghead	Gas 🔀	Condensate						
If change of operator give name and address of previous operator			· · · · · · · · · · · · · · · · · · ·						
II. DESCRIPTION OF V	VELL AN			·					
Lease Name F F HARDISON B			Pool Name, Including	Formation			of Lease Federal or Fee	Le	ase No.
Location		ar	DRINKARD GAS			FE	E		
Unit Letter			Feet From The <u>S</u>	<u>DUTH</u> I		<u>60</u> F	eet From The_		Line
Security Towns	hip 21-S)	Range 37-E		, NMPM,		<u>LEA</u>		County
Name of Authonized Transporter of Cas SID RICHARDSON CA If well produces oil or liquids, give location of tanks.	nghead Gas RBON & Unit P	X GASC GASC ¹ Sec. 1 27		201 M	ive address to wh AIN ST. Ily connected?	FT.	WORTH,	m is to be sent TX.7	, 6102
f this production is commingled with the IV. COMPLETION DAT		her lease or	pool, give commingling	g order numi	ber <u>PC-268</u>	<u>.</u>			
Designate Type of Comple		Oil Wel	1 Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Com	pl. Ready to	o Prod.	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, stc.)	Name of P	roducing F	ormation	Top Oil/Ga	s Pay		Tubing Dep	th	
Perforations	. 1						Depth Casin	g Shoe	
	TU	JBING,	CASING AND	CEMEN	TING REC	ORD			
HOLE SIZE			TUBING SIZE		DEPTH SE		s	ACKS CEM	ENT
									·
<u></u>						·			
	1								

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be gaval to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank [Date of Test [Producing Method (Flow, pump, gas life, etc.)]

		, , , , , , , , , , , , , , , , , , ,					
Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas-MCF				

GAS WELL

Actual Prod Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
Testing Method (p.: tot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI. OPERATOR CERT	IFICATE OF COMPLIANCE	OIL CON	SERVATION DIVISION			
	ind that the information given above is	Date Approved JAN 17'92				
- LOXA	Hate	Date Approved	ig. Signed by			
Signature	\mathbf{A}	By	aul Koutu			
Don J. Bates) Administrative Specialist		Geologist			
Printed Name	Title	Title				
01/14/92	(915) 688-7119					
Date	Telephone No.					

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