et i ox 1990. Hobbs. NM 55241- iet II prawer DD. Artens. NM 553 iet III Rie Brame Rd., Aster, NM	211-9719	State of New Mexico Correct, Mineria & Natural Reserves Department OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088					Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies			
int IV Jay 2088, Samta Fe, NM 875	04-2088 -									
	UEST F			E AND A	UTHORIZ	ZATIO	ON TO TRA	ANSPORT		
Exxon Corp.	Op	CINC INC.	a Address			007670			8-17-15	
•	ML #14 D2	· · · · · · · · · · · · · · · · · · ·					OW to GW Receive Code Reciassify RC eff. 08/10/95			
• API Number 0 = 0 25-07009	BI	· Pool Name Blinebry <i>OIL AND GAS</i>						72480	Poel Code	
Preparty Code		Preparty Name							'el Number	
004180		F. F. ⊦	lardison	-B-				2		
<sup>10</sup> Surface Lo		Perro I I e	Lida i Fi	est from the	North/Son	t in i	Fest from the	East West line	Constr	
A 34	215	37E		660	North		610	East	Lea	
<sup>11</sup> Bottom He		-						1		
	Township		ot ida i	Fest from the	North/So	sih iine	Fost from the	East/West See	County	
									And Review Date	
P Producing	Matheat Code	08/18	Anothing Date	" C-129 P	ermis Number		* C-129 Effective i		-129 Expiration Date	
I. Oil and Gas T		·			· · · • <del></del>	1				
Transporter		reseporter Naz		1	POD	<sup>21</sup> O/G		" FOD ULSTR I		
OGRID		and Address			<u>se Assia</u>		D 07 010	and Descript		
	Richard Main St	dson Gas t.	Co.	* 28	16425	G	P-27-215			
	Worth T)			A			F.F. Har	<u>dison -B-</u>	Т/В	
PO	Box 5568	Mexico P <sup>.</sup> BTA	•	0949	9610 0 Same as		gas.			
Den	ver CO 8	80217-5568			22					
la de la companya de				yy system Se <del>S</del> antar a so	مەرمەر بىر. مەرمەر بىر. مەر ب	in er				
				54 - 1 - 1 - 1 1 - 1 - 1 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						
IV. Produced Wa	ter	······								
<b>° POD</b> 0949650	Same	e as gas	_	* <b>K</b>	OD ULSTR Las		i Description			
V. Well Complet			•			·				
Speed Date		* Ready Da	10 I	" TD		1	" TETD		* Performinne	
		08/17/9		6574			5860		5453-5814	
" Hele Sim	:		anne & Tubin	ų šim		<sup>14</sup> Depth	Set			
13-3/4		10-3/			368				200 sx 1000 sx	
9-7/8		7-5/8		<u> </u>	2825		400 sx			
6-3/4		5-1/2		<u> </u>			400 SX		\	
VI. Weil Test D	ata	2-3/8			5405			1		
* Date New Oil	" Gas I	Dulivary Date		ast Date	" Test	Longth	* Tbe	. Pressee	" Cag. Pressore	
	08/18/95 10/07/9			24 h				190		
* Choke Size				Weter D		Ges -	* AOF		• Test Mathed P	
" I bounty certafy that the route of th					134		1.51			
with and that the mformal knowledge and beinf. Signature:				st of sty	Approved by:	OIL ( ORI	CONSERVA	ATION DE D BY JERRY 1 SUPERVISO	SEXTON	
	<u>Not</u>		mu'		Title:		Entry Excession			
Don J. Bates					Approved Date:					
Title: Regulat			5/622.70	274						
Title: Regulat	5 11-17-9	95 <b>man</b> g1								
Tille: Regulat Dete: 19/14/14/91	5 11-17-9	95 <b>man</b> g1			Printed No.			Tel	De	

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Form C-104

	IS AN AMENDED REPORT. CHECK THE BOX LABLED ED REPORT" AT THE TOP OF THIS DOCUMENT	22.	The ULSTR location of this POD If it is different fr well completion location and a short description of th (Example: "Battery A", "Jones CPD", atc.)	
	Higas volumes at 15.025 PSLA at 60°. High volumes to the nearest whole partel.	23.	The POD number of the storage from which water #	
A request for allowable for a newly drilled or despaned well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.			from this property. If this is a new well or recomplet this POD has no number the distinct office will a number and write it here.	
All sections of this form must be filled out for allowable requests on new and recompleted wells.			The ULSTR location of this POD if it is different well completion location and a short description of Example: "Battery A Water Tank", "Jones CP Tank", etc.)	
manges	NIV sections i. II, III, IV, and the operator carufications for of obstator, property name, well number, transporter, or on changes.	25.	MO/DA/YR drilling commences	
• • • • • • •		26.	MO/DA/YR this completion was ready to produce	
A sepa compiet	rate C-104 must be filed for each pool in a multiple ion.	27.	Total vertical depth of the well	
mprope	riv filled out or incomplete forms may be returned to	28.	Plugback vertical depth	
perators unapproved.		29.	Top and bottom perforation in this completion o snoe and TD if opennois	
2.	Operator's OGRID number. If you do not have one it will	30.	Inside diameter of the weil bore	
_	be assigned and filled in by the District office.	31.	Outside diameter of the casing and tubing	
3.	Reason for filing code from the following table: NW New Well RC Recompliation	32.	Depth of casing and tubing. If a casing liner show bottom.	
CH AO CO AG CG	CH Change of Operator AO Add oil/condensate transporter	33.	Number of sacks of coment used per casing string	
	AG Add gas transporter CG Change gas transporter		bliowing test data is for an cil weil it must be fro stad only atter the total volume of load oil is recover	
	RT Request for test allowable (Include volume requested)	34.	MO/DA/YR that new oil was first produced	
	If for any other reason write that reason in this box.	35.	MO/DA/YR that gas was first produced into a pip	
4.	The API number of this well	36.	MO/DA/YR that the following test was complete	
5.	The name of the pool for this completion	37.	Length in hours of the test	
6. 7.	The pool code for this pool The property code for this completion	38.	Flowing tubing pressure - oil wells	
7. 8.	The property name (well name) for this completion	39.	Shut-in tubing pressure - gas wells Flowing casing pressure - oil wells	
o. 9.	The well number for this completion	JJ.	Shut-in casing pressure - gas wells	
1 <b>0</b> .	The surface location of this completion NOTE: If the	40.	Diameter of the choke used in the test	
	United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box.	41.	Barrels of oil produced during the test	
	Otherwise use the OCD unit letter.	42.	Barrels of water produced during the test	
11.	The bottom hole location of this completion	43.	MCF of gas produced during the test	
12.	Lesse code from the following table: F Federal	44.	Gas well calculated absolute open flow in MCF/	
	S State P Fee	45.	The method used to test the well: F Flowing	
	J Jicarilla		P Pumping	
Ñ U I			S Swabbing	
	U Ute Mountain Ute I Other Indian Tribe		If other method please write it in.	
		46	The signature printed name, and titles of the	

- The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a gae transporter 14.
- 15. The permit number from the District approved C-129 for this completion
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- 18. The gas or oil transporter's OGRID number
- 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.
- Product code from the following table: O Oil G Gas 21.

- trem the
- s moved stion and assign a
- from the r the POD 2D Water
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- or casing
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om a test pred.

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- 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 essenter no longer operates this completion, and the date-this report was signed by that person 47.



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