

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  
2040 Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

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

☒ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1 Operator Name and Address Exxon Mobil Corporation P.O. Box 4358 Houston TX 77210-4358		2 OGRID Number 257128
		Reason for Filing Code Added Perfs RC
4 API Number 30-025-07010	5 Pool Name Blinebry Oil and Gas (Oil)	6 Pool Code 6660
7 Property Code 4180	8 Property Name FF Hardison B	9 Well Number 3

II. 10 Surface Location

UL or lot no. G	Section 34	Township 21S	Range 37E	Lot Idn	Feet from the 2015	North/South line North	Feet from the 1978	East/West Line East	County Lea
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11 Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West Line	County
12 Lsc Code P	13 Producing Method Code Rod Pump	14 Gas Connection Date	15 C-129 Permit Number	16 C-129 Effective Date	17 C-129 Expiration Date				

III. Oil and Gas Transporters

18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 POD ULSTR Location and Description
024650	Dynegy Midstream Services 1000 Louisiana, Suite 5800 Houston, TX 77002	0949630	G	P-27-21S-37E F F Hardison "B" T/B
015694	Navajo Refining Company P.O. Box 159 Artesia, NM 88211	0949610	O	Same as CSG

IV. Produced Water

23 POD 094965	24 POD ULSTR Location and Description Same as CSG
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V. Well Completion Data

25 Spud Date 05/20/1946	26 Ready Date 02/11/2000	27 TD 6707'	28 PBTB 5915'	29 Perforations 5484' - 5626'; 5676' - 5970'	30 DHC, MC
31 Hole Size	32 Casing & Tubing Size	33 Depth Set	34 Sacks Cement		
13 3/4"	10 3/4"	368'	350 sxs		
8 5/8"	7 5/8"	2822'	1650 sxs		
6 3/4"	5 1/2"	6607'	400 sxs		

VI. Well Test Data

35 Date New Oil 02/16/2000	36 Gas Delivery Date	37 Test Date 04/03/2001	38 Test Length 24.0	39 Tbg. Pressure -----	40 Csg. Pressure -----
41 Choke Size 32	42 Oil 2	43 Water 2	44 Gas 17	45 AOF	46 Test Method Pumping
47 I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature: Linda Koch Printed Name: Linda G. Koch Title: Contract Completion Admin. Date: 04/05/2001			OIL CONSERVATION DIVISION ORIGINAL SIGNED BY: PAUL F. KAUTZ PETROLEUM ENGINEER Approved by: Title: Approved by Date: JUL 03 2002 Phone: (713) 431-1287		

48 If this is a change of operator fill in the OGRID number and name of the previous operator.

Previous Operator Signature	Printed Name	Title	Date
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## New Mexico Oil Conservation Division C.104 Instructions

I- 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 is required for all wells.

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 V.

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 form may be returned to operators unapproved.

1. Operator's name and address
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3. Reasons 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                     |
| AG | Add 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.

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
9. The well number for this completion
10. 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.
11. The bottom hole location of this completion
12. Lease code from the following table:

12. Lease code from the following table:
- |   |                    |
|---|--------------------|
| F | Federal            |
| S | State              |
| P | Fee                |
| J | Jicarilla          |
| N | Navajo             |
| U | Ute Mountain Ute   |
| I | Other Indian Tribe |
13. The producing method code from the following table:
- |   |                                  |
|---|----------------------------------|
| F | Flowing                          |
| P | Pumping or other artificial lift |

14. MO/DA/YR that the completion was first connected to a gas transporter  
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  
17. MO/DA/YR of the expiration of C-129 approval for the completion  
18. The gas transporter

18. 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.
21. Product code from the following table:
- |   |     |
|---|-----|
| O | Oil |
| G | Gas |

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.)

23. 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.

24. 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.)

25. MO/DA/YR drilling commenced  
28. MO/DA/YR this completion was ready to produce  
27. Total completion cost \$

27. Total vertical depth of the well  
28. Plugback vertical depth  
29. Top and bottom perforation in this completion or casing shoe and TD if openhole  
30. 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.

31. Inside diameter of the well bore
32. Outside diameter of the casing and tubing
33. Depth of casing and tubing. If a casing liner, show top and bottom.
34. 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.

35. MO/DA/YR that new oil was first produced
36. MO/DA/YR that gas was first produced into a pipeline
37. MOIDAIYR that the following test was completed
38. Length in hours of the test
39. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
40. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
41. Diameter of the choke used in the test
42. Barrels of oil produced during the test
43. Barrels of water produced during the test
44. MCF of gas produced during the test
45. Gas well calculated absolute open flow in MCF/D
46. The method used to test the well:

- F Flowing  
P 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

