District i PO Box 1988, Hobbs, NM 22241-1980

State of New Mexico

Form C-104 Revised February 10, 1994

District II 20 Drawer DD, Artesia, NM 88211-0719 District III

OIL CONSERVATION DIVISION

Instructions on back
Submit to Appropriate District Office

1 000 Rio Brame Rd	Azec, NM	87410	PO Box 2088 Santa Fe, NM 87504-2088							.,	5 Copies		
District IV PO Bez 2008, Santa Fe, NM 87504-2008.									A1	MENDED REPORT			
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Exxon Corp.							1			OGRID Ne	OGRID Number		
P.O. Box 1600, ML-14									007673				
Midland, Texas 79702 Attn: Marsha Wils									Resson for Filing Code				
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	P			5/1/96				1					
III. Oil and Gas Transporters													
Transporter OGRID			17 Transporter Name				POD	2 O/G	" POD ULSTR Leaning -				
			and Address -						and Description				
1022010 1			D E&P Inc. Box 1137				949630 G		P-27-215-37E				
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V. Well Co	mpletio	n Data				2777							
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VI. Well To	est Data	<u> </u>											
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knowledge and beli	ief.				eer of EA				NSERVAT				
Daniel Line							Approved by: ORIGINAL SIGNIO BY JERRY SEKTON						
Direct control of the								DISTRICT I SUPLANTA OR					
Marsha Wilson							Title:						
Title: Staff Office Assistant						App	Approval Date:						
Dete: 4-33-96 Phone (915) 688-7871							APR 2 6 1996						
" If this is a com			OGRID .	-									
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	Previous Ope	سية سد				1	risted Name	-		Title	. Data		
II						•					- Date		

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "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 bar

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 chang

A separate C-104 must be filed for each pool in a multiple

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.
- 3.

RC CH AO CO

AG CG RT

an for filing code from the rollowing table:
New Well
Recompletion
Change of Operator
Add oil/oondensate transporter
Change oil/oondensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (including test silowable (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
- 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 note location of this completion
- Lease code from the following table:

F S

13.

- de from the follows Federal State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe
- ducing method code from the following table:
 - lowing umping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a
- 15. The permit number from the District approved C-129 for
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 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.
- code from the following table: Oil Gas: 21.

- The ULSTR location of the POD if it is different from the well completion location and a snort description of the POD (Example: "Battery A", "cones 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.
- The ULSTR location of this POD If it is different from the well completion location and a snort description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling comminced
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- Number of sacks of cement used per casing string 33.

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.

- MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipelin
- MO/DA/YR that the following test was completed 36
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 39. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 40. Diameter of the choke used in the test:
- Barrels of oil produced during the test 41.
- 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
- 45. The method used to test the well:

Flowing Pumping Swabbin

S Swabbing
If other method please write it in.

- 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 tritle of the previous operator's representative authorized to verify that the previous-operator no longe operates this completion, and the date this report was signed by that person 47.

