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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|--|-------------------------------|
| Operator Exxon Corp. | | Well API No. 300-250-07010 |
| Address P. O. Box 1600, Midland, Texas 79702 | | |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: refiled w/new potential test Recompletion <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | | |
| If change of operator give name and address of previous operator Cancel Drinker | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|-----------|
| Lease Name F. F. Hardison B | Well No. 3 | Pool Name, including Formation Blinbry Oil & Gas | Kind of Lease State, Federal or Foreign | Lease No. |
| Location Unit Letter G : 1978 1980 Feet From The East Line and 2021 2015 Feet From The North Line Section 34 Township 21S Range 37E, NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------|------|------|----------------------------|-------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline | Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88241 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Texaco Expl. & Prod. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137, Eunice, NM 88231 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When? |
| | | | | | yes | |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| | | | | | | | | |
|---|--|----------|-------------------------|----------|---------------------------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 12-2-90 reentered | Date Compl. Ready to Prod. 12-8-90 | | Total Depth 6607 | | P.B.T.D. 6200 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3429 DF | Name of Producing Formation Blinbry Oil & Gas | | Top Oil/Gas Pay 5676 | | Tubing Depth | | | |
| Performances 5676 to 5907 | | | | | Depth Casing Shoe 6607 | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 13-3/4 | 10-3/4 | | 368 | | 350 | | | |
| 8-5/8 | 7-5/8 | | 2822 | | 1650 | | | |
| 6-3/4 | 5-1/2 | | 6607 | | 400 | | | |

V. 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 1-30-91 | Date of Test 10-12-91 | Producing Method (Flow, pump, gas lift, etc.) pumping | |
| Length of Test 24 | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. 15.7 | Water - Bbls. 11 | Gas - MCF 378 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

Sharon B. Timlin

Signature
Sharon B. Timlin Sr. Staff Office Asst.

Printed Name
11-11-91 Date

915 688-7509 Telephone No.

OIL CONSERVATION DIVISION

Date Approved 11 11 1991

By Drig. Paul H. Geologist

Title

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

- 1) Request for allowable for newly drilled or deepened 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.

NOV 13 1991
HOBBS OFFICE