State of New Mexico District I PO Box 1984, Hobbs, NM 88241-1980 Form C-104 Revised February 10, 1994 District [] Instructions on back PO Drawer DD, Artesia, NM 88211-9719 OIL CONSERVATION DIVISION Submit to Appropriate District Office District III PO Box 2088 Santa Fe. NM 87504-2088 1000 Rio Brazos Rd., Aztec, NM 87410 District IV ☐ AMENDED REPORT PO Box 2008, Santa Fe. NM 27504-2008 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address OGRID Number 007673 Exxon Corp. Reason for Filing Code P.O. Box 1600, ML-14 Midland, Texas 79702 API Number ' Pool Code **30 - 0**25-04785 <u>Eumont Yates 7 Rivers</u> Qn (Pro Gas) 76480 Property Code 1 Property Name Well Number New Mexico "G" State <u>004195</u> 10 10 Surface Location II. Ul or lot no. Section Rance Lot.lda Feet from the North/South Line | Feet from the East/West line 36E 26 21S 1980 South 660 West Lea 11 Bottom Hole Location UL or lot so. Township Lot Ida Fost from the North/South line Feet from the East/West line 13 Producing Method Code 12 Lee Code 14 Gas Connection Date 5 15 C-129 Permit Number " C-129 Effective Date 17 C-129 Expiration Date 9-2-94 Oil and Gas Transporters Transporter " Transporter Name 3 POD 31 O/G 2 POD ULSTR Location and Address Please Assign 020801 Sid Richardson Gasoline Co. 201 Main St. Ft. Worth, Texas 76102 NM "G" State T/B #1 . IV. Produced Water POD 2 POD ULSTR Location and Description N/A Well Completion Data " Spud Date " Ready Date " TD " PBTD 3060 **-** 3267 3337 **-** 3545 6-22-94 7-17-94 3900' 3666' Hole Size " Casing & Tubing Size 12 Depth Set Sacks Comen 11 8 5/8 326' 200 6 3/4 4 1/2 3900' 200

9-2-94 8-17-94 24 80 " Choke Size . . . . . . ٠ ( س Test Method 16/64 2.4 415 F I hereby cerufy 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 OIL CONSERVATION DIVISION Sharon B. Jimlin Approved by: Printed name: Sharon B. Timlin Title: Tide: Sr. Staff Office Assistant Approval Date: SEP 16 1994 Phone: (915) 688-6166 Date: 9-12-94 If this is a change of operator fill in the OGRID number and name of the previous operator Previous Operator Signature Printed Name Date

" Test Length

" The Pressure

" Cag. Pressure

" Test Date

VI. Well Test Data Date New Oil

" Gas Delivery 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 barrel.

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 changes.

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

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.

Reason 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.

- The API number of this well
- 5. The name of the pool for this completion
- 6 The pool code for this pool
- 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.
- The bottom hole location of this completion 11.
- 12. Lease code from the following table:

Federal State Fee Jicarilla

Ň -3

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table: Flowing Pumping or other artificial lift

MO/DA/YR that this completion was first connected to a 14.

15.

- The permit number from the District approved C-129 for this completion
- MO/DA/YR of the C-129 approval for this completion 16.
- 17. MO/DA/YR of the expiration of C-129 approval for this
- 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: 21.

- 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.) 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 sesign a number and write it here. 23.
- 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", stc.)
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. inside diameter of the well have
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- 33. 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.

- 34. MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 35.
- 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.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- The method used to test the well:
  F Flowing
  P Pumping
  S Swabbing 45

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 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 47.

SEL 5 1994