| strict II) Drawer DD. Artenia. NM \$8211-0719 strict III 09 Ris Brazze Ed., Aztor, NM \$7410 strict IV | 0 | State of New Mexico Energy, Mineran & Natural Resources Decorregent 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 | | |
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| Exxon Corp. | Operator Base | and Address | EAND | AUTHOR | TAZL | ION TO TH | | | |
| P.O. Box 1600, ML-14 | | | | | | ² OGRID Number 007673 | | | |
| Midland, Texas 797 | 702 Att | n. Manch | a Wilsor | _ | | * Renses for Filing Code | | | |
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| Transporter | Transporter No | | | | | | | | |
| | and Address | | ¥¥ | " POD " O/G | | " POD ULSTR Lessing - | | | |
| P.O. Box | Texaco E&P Inc. - P.O. Box 1137 | | | 154730 G | | 0-10-215-37E | | | |
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| IF THIS "A MEN | S IS AN AMENDED REPORT. CHECK THE BOX LABLED IDED REPORT AT THE TOP OF THIS DOCUMENT | 22. |
|--------------------------|--|--------------|
| fleport | all gas volumes at 15.025 PSIA at 60°. all oil volumes to the nearest whole barrel. | 23. |
| accom | sst for allowable for a newly drilled or deepened well must be paned by a tabulation of the deviation tests conducted in anos with Rule 111. | |
| Ali sec new ar | tions of this form must be filled out for allowable requests on In recompleted wells. | 24. |
| - CELERE PARE | only sections i, ii, iii, iV, and the operator certifications for a of operator, property name, well number, transporter, or such changes. | 25. |
| A sep | arate C-104 must be filed for each pool in a multiple | 26. |
| compie | tion. | 27. |
| improp operati | erly filled out or incomplets forms may be returned to ors unapproved. | 28. |
| 1. | Operator's name and address | 29. |
| 2. | Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. | 30. |
| 3. | Reason for filing code from the following table: | 31. |
| | RC Recompletion CH Change of Operator | 32. |
| | AO Add cil/condensate transporter CO Change cil/condensate transporter | 3 3. |
| | AG Add gas transporter CG Change gas transporter RT Request for test allowable (Include volume | The folio |
| | requested) If for any other reason write that reason in this box. | 34. |
| | | 35. |
| 4. | The API number of this well | 36. |
| 5. | The name of the pool for this completion | 37. |
| 6. | The pool code for this pool | |
| 7. | The property code for this completion | 3 8. |
| 8. | The property name (well name) for this completion | 3 9 . |
| 9. | The well number for this completion | |
| 10. | The surface location of this completion NOTE: If the | 40. |
| | United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. | 41. |
| | Otherwise use the OCD unit letter. | 42. |
| 11. | The bottom nois location of this completion | 43. |
| 1 2. | Lease code from the following table: | 44 . |
| | S State P Fee | 45. |
| | J Jicarille. N Navajo | |
| | U Ute Mountain Ute I Other Indian Tribe | |
| 13. | The producting method code from the following of the | 46. |
| 1.00. | | |

- 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 14. gas transp -
- 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.
- 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.
- Product code from the following table: O Oil -G Gas: 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.)
 - 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",atc.)
 - MO/DA/YR drilling commenced
 - MO/DA/YR this completion was ready to produce
 - Total vertical depth of the well
 - Plugback vertical depth
 - Top and bottom perforation in this completion or casing shoe and TD if openhale
 - Inside diameter of the well bore
 - Outside diameter of the casing and tubing
 - Depth of casing and tubing. If a casing liner show top and bottom.
 - Number of sacks of cament used per casing string

lowing test data is for an oil well it must be from a test ted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced
- MO/DA/VR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed
- Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells
- Flowing casing pressure oil wells Shut-in casing pressure gas wells-
- Diameter of the choke used in the test
- Barrels of oil produced during the test
- Barrels of water produced during the test-
- MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D
 - The method used to test the well: F Flawing P Pumping S Swebbing
 - If other method please write it in.
- The signature, printed name, and title-of the person suthorized to make this report, the date-this report was signed, and the telephone number-to call for questions about this report
- The previous operator's name, the signature, privited ner and title of the previous operator's representat authorized to verify that the previous-operator ne ion operates this completion, and the date: this report v signed by that person 47.

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See Straff the star $\mathcal{F}_{i,i}^{(i)}$

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