

District I  
PO Box 1988, Hobbs, NM 88241-1988

District II  
PO Drawer DD, Artesia, NM 88211-9719

District III  
1000 Rio Grande Rd., Aztec, NM 87410

District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

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

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Exxon Corp. PO Box 1600 Midland TX 79702		OGRID Number 007673
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR, NOTIFY THIS OFFICE.		Reason for Filing Code RC eff. 10/13/95 <i>PROPERTY NAME CHANGE</i>
API Number 30-025-06462	Pool Name HARE-SAN ANDRES GAS POOL <i>R-11519 5/1/96</i>	Pool Code 78080
Property Code <i>FORMERLY 004204</i> New <i>18335</i>	Property Name NEW MEXICO -FO- STATE COMM <i>FORMERLY TUBA GAS COMM.</i>	Well Number 1

II. <sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
0	10	21S	37E	-	990	South	1980	East	Lea

<sup>11</sup> 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
<sup>12</sup> Loc Code S	<sup>13</sup> Producing Method Code P	<sup>14</sup> Gas Connection Date 10/13/95	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD <i>Please Assign</i>	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
020809	Sid Richardson Gasoline Co. 201 Main St Ft Worth TX 76102	<i>* 954730</i>	G	0-10-21S-37E NM -FO- STATE COMM T/B #1
020445	Scurlock Permian Corp. PO Box 4648 Houston TX 77210-4648	<i>* 954710</i>	0	Same as gas

IV. Produced Water

<sup>23</sup> POD <i>* 0954750</i>	<sup>24</sup> POD ULSTR Location and Description Same as gas
---------------------------------------	---

V. Well Completion Data

<sup>25</sup> Spool Date	<sup>26</sup> Ready Date 10/13/95	<sup>27</sup> TD 6312	<sup>28</sup> FBTD 5465	<sup>29</sup> Perforations 4022-4175
<sup>30</sup> Hole Size	<sup>31</sup> Casing & Tubing Size	<sup>32</sup> Depth Set	<sup>33</sup> Seals Cement	
17	13-3/8	350	350	
11	8-5/8	3200	1500	
7-5/8	5-1/2	6311	425	

VI. Well Test Data

<sup>34</sup> Date New Oil 10/13/95	<sup>35</sup> Gas Delivery Date 10/13/95	<sup>36</sup> Test Date 12/5/95	<sup>37</sup> Test Length 24	<sup>38</sup> Tbg. Pressure 1275	<sup>39</sup> Csg. Pressure 700
<sup>40</sup> Choke Size 19/64	<sup>41</sup> Oil 7.4	<sup>42</sup> Water 109	<sup>43</sup> Gas 7.3	<sup>44</sup> AOF	<sup>45</sup> Test Method F

I hereby certify that the data of the Oil Conservation Division have been compared with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

Printed name:

Don J. Bates

Title:

Regulatory Specialist

Date:

01/29/96

Phone:

915/688-7874

OIL CONSERVATION DIVISION

Approved by:

ORIGINAL SIGNED BY JERRY SEATON  
DISTRICT OFFICIAL

Title:

Approval Date:

FEB 03 1996

\* 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

New Mexico Oil Conservation Division  
C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "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
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3. 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.
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 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.
11. The bottom hole location of this completion
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 this 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 this completion
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
  26. MO/DA/YR this completion was ready to produce
  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. 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 bottom.
  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
  35. MO/DA/YR that gas was first produced into a pipeline
  36. MO/DA/YR that the following test was completed
  37. Length in hours of the test
  38. Flowing tubing pressure - oil wells  
Shut-in tubing pressure - gas wells
  39. Flowing casing pressure - oil wells  
Shut-in casing pressure - gas wells
  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
  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:  

F	Flowing
P	Pumping
S	Swabbing

If other method please write it in.
  46. 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
  47. 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

4  
JUL 1956  
Received  
Hobbs  
OCD