District I PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico

Form C-104 Revised February 10, 1994

District II

Regulatory Specialist

Previous Operator Signature

Phone: (915) 688-7874

Printed Name

" If this is a change of operator fill in the OGRID number and name of the previous operator-

Des: January 18, 1995

Title -

Date -

Instructions on back NO Drawer DD, Artenia, NM 88211-0719 Submit to Appropriate District Office OIL CONSERVATION DIVISION District III PO Box 2088 Santa Fe, NM 87504-2088 5 Copies 1000 Rio Brazos Rd., Aztec, NM 87410 District IV AMENDED REPORT PO Box 2008, Santa Fe, NM 87504-2088 -REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address ¹ OGRID Number Exxon Corp. 007673 Attn: Regulatory Affairs, ML #14 1 Reseas for Filing Code P.O. Box 1600 **//CO** Midland, Texas 79702 Ws ' API Number ⁴ Pool Name 47960 Oil Center Blinebry 30 - 025 - 20331 Property Code 1 Property Name ' Well Number John D Knox 10 004185 10 Surface Location II. Ul or lot no. | Section Range Lot.Ida Feet from the North/South Line | Feet from the East/West line County 10 215 36E 1650 North 1752 East Lea 11 Bottom Hole Location Township UL or lot no. Section Lot Ida Feet from the North/South line | Feet from the | East/West line County 12 Lac Code 13 Producing Method Code 14 Gas Connection Date 14 C-129 Permit Number " C-129 Effective Date " C-129 Expiration Date P Oil and Gas Transporters 22 POD ULSTR Location : Transp 17 Transporter Name " POD 21 O/G OGRID *Please Assign and Description and Address EOTT Energy Operating L.P. 037480 0 A-10-21S-36E P.O. Box 4666 John D. Knox T/B #1 Houston, Texas 77210-4666 GPM Gas Corp. 0952830 Same as oil G 019171 4001 Pembrook 79762 Odessa, Texas IV. Produced Water 3 POD " POD ULSTR Location and Description 0952850 Same as oil. Well Completion Data " Sped Date " Ready Date " TD " PBTD 19 Perforations Hole Size 31 Casing & Tubing Size 12 Depth Set VI. Well Test Data Date New Oil ³⁶ Gas Delivery Date " Test Date " Test Length " The. Pressure " Cag. Pressure 4 AOF Test Method " Choke Size 4 Oil 4 Water 49 Gas --46 I hereby certify that the rules of the Oil Conservation Division have been con OF CUNSERVATION DIVISION with and that the info knowledge and belief. Signature: Approved by RIGHTAL SIGNED BY JERRY SEXTON DISTRICT ! SUPERVISOR Don J. Bates JAN 2 6 1395 Approval Date:

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 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.
- 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) 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: 10. 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:

Federal State

Fee Jicarilla

- Navajo Ute Mountain Ute Other Indian Tribe
- 13. 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. gas transporter
- 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
- 19. Name and address of the transporter of the product
- 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.

- 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.)
- 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. 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", etc.) 24.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce
- Total vertical depth of the well 27.
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 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
- 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.

- MO/DA/YR that new oil was first produced 34.
- 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
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- Diameter of the choke used in the test 40.
- 41. Barrels of oil produced during the test
- 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:

Pumping Swapbing

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.