| District I PO Box 1980. Hobbs. NM 82241-1980 District I? PO Drawer DD. Artania. NM 88211-6719 District III | OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088 | | | | | Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies | | | |
|--|---|---|--|---|--|--|----------------------|---------------------------------------|--|
| 1008 Rio Brazza Rd., Aztar, NM 87418 District IV | | | | | | | | | |
| PO Box 2003, Santa Fe, NM 87504-2003 - I. REQUEST | FOR ALLOWAE | | AU | THORI | ZATI | ON TO TR | | | |
| EXXON CORPORATION | Operator name and Address ATTN: PERMIT | | | * OGRID Number 007673 | | | | | |
| P. O. BOX 4358 | | | | | | * Resson for Filing Cods | | | |
| HOUSTON, TX 77210 | | | | | | CG effe | ctive 9 | 9/1/98 | |
| * API Number 30 - 0 25 26329 | EUMONT: YATES-7 | 'Pool Name ONT; YATES-7 RVRS-QUEEN (OIL) | | | | | * Pool Code 22800 | | |
| ² Property Code ¹ Property Na | | | | | 'Well Number | | | | |
| 004194 | NEW MEXICO G S | STATE | | | | | | 20 | |
| II. ¹⁰ Surface Location | Range Lot.ida | Feet from th | | North/Sot | un Line : | Fost from the | East/West | line County | |
| M 23 21S | 36E | 660 | | South | | 660 | West | Lea | |
| ¹¹ Bottom Hole Loo | | 1 | | North/South fine | | Fest from the | | East/West line County | |
| UL or lot no. Section Township | Range Lot Ida | Feet from t | be | Norue/50 | | | Las/Wek | Cousty | |
| ¹² Las Code ¹³ Producing Method C | ode ¹⁴ Gas Connection De | 1 "C-1 | 29 Permi | t Number | 1 | * C-129 Effective | Date | 17 C-129 Expiration Date | |
| S P | <u> </u> | | | | | | | | |
| · · · | * Transporter Name | | ²⁴ PO | D | ^н 0/G | 1 | | TR Location | |
| OGRID 024650 Dynegy M | and Address idstream Service | es os | 955530 G | | and Description | | | | |
| 1000 Lou | isiana, Ste 5800 TX 77002 |) Sa 2,41 | wi sa | ar e de la composition de la compositio La composition de la c | ser se | | | #1 | |
| Mar - where + 10 - 200 - 10 - 200 - 20 - 200 - 20 - 2 | Permian Corp. | A | 5510 | | 0 | same as | | | |
| P. O. Bo | - | 27 - 27 - 27 - 27 - 27 - 27 - 27 - 27 - | | | | Same as | gub | | |
| nous con, | 1. 77210-4040 | | | | ممتدنده | s | | · · · · · · · · · · · · · · · · · · · | |
| | | in said | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | | | |
| | | | | | | | | | |
| | | | ing in the second s | | i i i i i i i i i i i i i i i i i i i | | | | |
| IV. Produced Water | | | 200.10 | CTT 1 | | Description | | | |
| 955550 | same as gas | _ | | | | Lanceshave | | | |
| V. Well Completion Dat | | | | | | | | | |
| ¹¹ Speci Date | ¹⁴ Randy Date | | " TD | | | " FBTD | | ²⁹ Perforations | |
| ²⁰ Hole Sim | ²¹ Casing & Tub | ning Sim | | | Depth & | iat | | ³² Sacks Comont | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | + | | | | | | |
| VI. Well Test Data | | | | | | | | | |
| " Date New Oil " Gas | Delivery Date 24 * | Test Date | | " Test La | ingtin. | * Tbg. | Pressure | " Cag. Pressare | |
| " Cheke Size | 4 OI 6 | " Water | | • Ge | 8 | | OF | "Test Method | |
| | | | | | | | | | |
| ⁴⁴ I hereby certify that the rules of the O with and that the information given abov | | | | 0 | | ONSERVA | TION D | IVISION | |
| knowledge and belief. Signature: | | | Аррго | red by: | ORIGIN | IAL SIGNED E | Y CHRIS | William Constant | |
| Printed anse: Judy Bagw | equell | | Title: | | | DISTRICT 1 3 | UPERVIG | 07. | |
| Tile: Supt. Sta | Approval Data: SEP 2 4 1998 | | | | | | | | |
| Deta: 9-14-98 | Phone: 713-431- | | | | | ₩ ¥ | 1338 | | |
| " If this is a change of operator fill is | i the OGRID semiler and an | me of the prov | isus epa | | | | | | |
| Provious Operator Si | fasture | | Pris | ted Name | - | - | TH | le Dele | |

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| | New Merica Oil Con C-104 Insu | servetion D ructions | livision . | | | | |
|--|---|-------------------------|--|--|--|--|--|
| F THIS I | IS AN AMENDED REPORT, CHECK THE BOX LABLED ED REPORT AT THE TOP OF THIS DOCUMENT | 2 2 . | The ULSTR location of this POD If it is different from the well completion location and a enort description of the POD (Example: "Battery A", "Jones CPD",etc.) | | | | |
| Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel. | | 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 | | | | |
| LCCOMP4 | for ellowable for a newly drilled or deepened well must be used by a tabulation of the deviation tests conducted in se with Rule 111. | | number and write it here. The ULSTR location of this POD If it is different from the | | | | |
| Al sectio | ns of this form must be filled out for allowable requests on recompleted wells. | 24. | well competition location and a snort description of the POD Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) | | | | |
| I out only sections i. U. III. IV. and the operator carufications for tanges of operator, property name, well number, transporter, or | | 25. | NO/DA/YR drilling commences | | | | |
| | n changes. Its C-104 must be filed for each pool in a multiple | 26. | MO/DA/YR this completion was ready to produce | | | | |
| A separi completic | n. | 27. | Total vertical depth of the well | | | | |
| aroper | ly filled out or incomplete forms may be returned to | 28. | Plugback vertical depth | | | | |
| aratori | s unapproved. Operator's name and address | 29. | Top and bottom perforation in this completion or casing snoe and TD if opennois | | | | |
| 2. | Operator's OGRID number. If you do not have one it will | 30. | Inside diameter of the well bore | | | | |
| _ | be assigned and filled in by the District office. | 31. | Outside diameter of the casing and tubing | | | | |
| 3. | Reason for filing code from the following table: NW New Well RC Recompletion | 32. | Depth of casing and tubing. If a casing liner show top and bottom. | | | | |
| | CH Change of Operator AO Add oil/condensate transporter | 3 3 . | Number of sacks of cement used per casing string | | | | |
| | CO Change oil/condensate transporter AG Add gas transporter | The fo | The following test data is for an oil well it must be from a tes conducted only after the total volume of load oil is recovered. | | | | |
| | CG Change gas transporter RT Request for test allowable (Include volume | 34. | MO/DA/YR that new oil was first produced | | | | |
| | requested) If for any other reason write that reason in this box. | 35. | MO/DA/YR that gas was first produced into a pipeline | | | | |
| 4. | The API number of this well | 36. | MO/DA/YR that the following test was completed | | | | |
| 5. | The name of the pool for this completion | 37. | Length in hours of the test | | | | |
| 6. | The pool code for this pool | 38. | Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells | | | | |
| 7. | The property code for this completion | 39. | Flowing casing pressure - oil wells | | | | |
| 8. | The property name (well name) for this completion | | Shut-in casing pressure - gas wells | | | | |
| 9. | The well number for this completion | 40. | Diameter of the choke used in the test | | | | |
| 10. The surface location of this completion NOTE: If United States government survey designates a Lot Nur | | 41. | Barrels of oil produced during the test | | | | |
| | for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. | 42. | Barrels of water produced during the test | | | | |
| 11. | The bottom hole location of this completion | 43. | MCF of gas produced during the test | | | | |
| 12. | Lease code from the following table: | 44. | Gas well calculated absolute open flow in MCF/D | | | | |
| 12. | F Federal S State | 45. | The method used to test the well: | | | | |
| | P Fee | | F Flowing P Pumping | | | | |
| | J Jicarilla N Navajo | | S Swebbing If other method please write it in. | | | | |
| | U Ute Mountain Ute I Other Indian Tribe | | The simple manted name and title of the perso | | | | |
| 13. | The producing method code from the following table: | 46 . | signed, and the telephone number to call for question | | | | |
| | P Pumping or other artificial lift | | sbout this report | | | | |
| 14. | MO/DA/YR that this completion was first connected to a gas transporter | 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 long | | | | |
| | The permit number from the District approved C-129 for | | operates this completion, and the date this report wi | | | | |

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- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- The gas or oil transporter's OGRID number 18.
- 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.