District I PO Box 1990. Hobbs. NM 85241-1980 District II NO Drawer DD, Artesia, NM 85211-0719 District III 1000 Ris Brams Rd., Axtor, NM 87410 District IV PO Box 2083, Samta Fe, NM 87504-2082 -				State of New Mexico Energy, Minerais & 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				
I.				FOR A	LLOWA	BLE A		JTHOR	IZAT	ION TO TH		) AME	NDED REPORT	
EXXON C				Operator nat	and Addr						' OGRI	D Numbe	•	
ATTN: P. O. B	PERMIT									007673		- 5711	<u> </u>	
HOUSTON	<u>, ТХ</u>	77210								'Remon for Filing Code CO effective 11/1/98				
۰۸ ۲۵-۵	PI Number	-	2	'P Wantz; Abo				3e	l	* Pool Code 62700				
	' Property Code					•	Property N	âlbe					Namber	
004210		Locati		Wantz										
Ul er jot no.						Feet fr	Feet from the North/South Line			Fost from the	m the East/West line County			
R	1	21	_	37E		16:	50	1		1980	EA		County Lea	
UL or iot no.		Hole I		ation										
		Towns	шр	Range	Lot Ida	Feet fi	rom the	North/So	ath <b>line</b>	Feet from the	East/We	East/West line County		
" Lae Code	<sup>13</sup> Produ	cing Methe	d Co	de <sup>14</sup> Gas (	Connection D	ale 13	C-129 Pen	nit Number	,	C-129 Effective	Date	" C-12	9 Expiration Date	
III. Oil a	nd Gas	Trans	ort	ers	· <u> </u>									
OGRID			18 -	Transporter Name			30 PC	סמ	<sup>11</sup> O/G	<sup>22</sup> POD ULSTR Location				
015694				efining Company			09518	210	0	and Description NW SE 1-21S-37E				
		. O. H rtesia		: 159 NM 88211			09,910				tz Federal T/B			
024650			_				09518	0951830 <b>G</b>						
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IV. Produ		ater								<u>.</u>				
"POD "POD ULSTR Location and Description 0951850 same as oil														
V. Well (	Comple					<u> </u>								
" Speed Date				<sup>14</sup> Ready De	" TD	# TD			" PBTD " Perforations					
<sup>20</sup> Hole Size						R Devil 6 d								
21918 5138					asing & Tub		<sup>22</sup> Depth Set			<sup>20</sup> Sacks Coment				
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				·					· · · · · · · · · · · · · · · · · · ·					
VI. Well			n De	livery Date	1 10 1	ent Date								
				avery Date		al Dale		" Test Les	ng tin	* Tbg. Pr			Cag. Pressure	
" Choke Size		44	Oil <sup>4</sup> Water				a Gas	•,		F		* Test Method		
<sup>44</sup> I hereby certify that the rules of the Oil Co with and that the information given above is				Conservation Division have been complied			<u></u>						· · · · · ·	
knowledge and	bclief.					st of my		OI	L CO	NSERVAT	ION D	IVISI	ON	
Signature: Judys Baquell						Арргон	Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS							
Judy Bagwell					Title:									
Title: Supt. Staff 0					Approv	Approval Date:								
Date: //-6-98 Phone: 713-431-1020   * If this is a change of operator fill in the OGRID number and name of the previous operator.														
	Previous	Operator (	Signa	ture			Pria	ted Name			Ti	<b>le</b>	Date	

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intrict II "? Drever DD. Artonia, N intrict III	M 88211-971	• C <sup>-</sup>		ATIO	N DIVI 88	Instructions on back Submit to Appropriate District Office 5 Copies					
009 Rie Brams Rd., Aze Vetrict IV	L. NM 87418		Santa Fe. N	<b>M 87</b>	504-208	88			MENDED REPORT		
D Row 2008 Same En M	M 87504-208	T FOR ALL	ÓWARIE			DRIZATI	ON TO TR	ANSPO	RT		
		Operator shift a	ant Address			1		' OGRID N	1 Sabar		
Exxon Corporation ATTN: PERMITTING P.O. Box 4358						007673					
Houston, Tx	77210	-4358			· Remove for Filling Code C.G. effective 9/1/98						
				* Pool	Nama				* Poel Code		
	· API Number 30-025-29372 Wantz; ABO							62	62700		
Property Co				' Proper	y Name	' Well Number					
004210			Federal						/		
II. <sup>10</sup> Surface			st.ida i Feat	írom the	i Nort	h/Some Line (	Feat from the	East/West	ine County		
R R	Towners			650		wth	1980	East	Lea		
<sup>11</sup> Bottom			11	<u> </u>							
UL or int Bo.t Section	Towns		ot ida Fe	t from the	Nor	uh/South Ent	Fort from the	East/West			
" Las Code   " Prod	-	Code   " Gas Co	naertion Date	<sup>14</sup> C-129	Permit Nut		* C-129 Effective	Date	" C-129 Expiration Date		
FI						<u>1</u>					
III. Oil and Ga	s Transp	OTIEIS "Transporter Nau	 p#	1	<sup>20</sup> POD	" O/G	1	" POD ULST			
OGRID		and Address	alie Co	<u> </u>		<u> </u>		and Desc			
UNITE T	Ray Un	130	W Mexico P. peline Co. 00				NW SE 1-21S-37E Wantz Federal T/B				
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IV. Produced	Water						0				
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V. Well Com		same as	<u></u>								
" Speci Date	<u>Acuon D</u>	" Reedy Dat	•	7	TD		* FSTD		<sup>10</sup> Perforations		
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VI. Well Test	Data				I						
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" Cheke Sim		" 01	" Ol <sup>4</sup> Wui		* Ges		" AOF		" Tat Makes		
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with and that the inform knowledge and belief.	nation gives a	bove is true and cous	nets to the best of :	<b>T</b> Y							
Signature:	dus	Baque	el		Approved by	ORIGINAL	SIGNED DA	<u>EUNSOH</u>			
Printed same	Judy Ba	gwell			Title:						
Tile: Supt. Staff Office Asst.					Approves Date: 8FP 2 4 1998						
Dete: 9-15-			713-431-10								
" If this is a change	ol operator li	il in the OGRID and	neer and some of	the provid		-					
Pr	ious Operate	e Signature			Printed	Name		TIE	Dete -		
		<b>.</b>									

## New Mc دست Oil Conservation Division 0-104 Instructions -

IF THIS	IS AN AMENDED REPORT. CHECK THE BOX LABLED DED REPORT" AT THE TOP OF THIS DOCUMENT	2 <b>2</b> .	The ULSTR location of this POD If it is different from the west completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.)				
Report a	Hi gas volumes at 15.025 PSIA at 60°. Hi 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				
accomp.	st for ellowable for a newly drilled or despaned well must be anied by a tabulation of the deviation tests conducted in nos with Rule 111.	24.	number and write it here.				
w and	one of this form must be filled out for allowable requests on a recompleted wells.		wes completion location and a short decemption of the POD Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)				
	only sections (, II, III, IV, and the operator carufications for to to operator, property name, well number, transporter, or ion changes,	25. 2 <b>6</b> .	HO/DA/YR drilling commences				
Sepa	rate C-104 must be filed for each pool in a multiple	23.	Total vertical depth of the well				
	riv filled out or incomplete forms may be returned to	28.	Plugback vertical depth				
	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 Recompliation	32.	Depth of casing and tubing. If a casing liner show top and bottom.				
	CH Change of Operator AO Add oil/condensate transporter	33.	Number of sacks of cement used per casing string				
	CO Change oil/condensate transporter AG Add gas transporter CG Change gas transporter	The fo	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.				
	RT Request for test allowable (Include volume requested)	34.	MO/DA/YR that new oil was first produced				
	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				
i.	The name of the pool for this completion	37.	Length in hours of the test				
6. 7.	The pool code for this pool The property code for this completion	38.	Flowing tubing pressure - cil wells Shut-in tubing pressure - gas wells				
8.	The property case for this completion	39.	Flowing casing pressure - oil wells Shut-in casing pressure - gas wells				
9.	The weil number for this completion	40.	Diameter of the choke used in the test				
10.	The surface location of this completion NOTE: If the United States government survey designates a Lot Number	41.	Barrels of oil produced during the test				
	for this location use that number in the 'UL or lot no.' box. Otherwise use the QCD unit letter.	42.	Barreis 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				
	F Federai S State P Fee J Jicariila N Navajo U Uta Mountain Ute	45.	The method used to test the well: F Flowing P Pumping S Swebbing If other method please write it in.				
13.	I Other Indian Tribe I Other Indian Tribe The producing method code from the following table: F Flowing P Pumping or other artificial lift	4 <b>6</b> .	The signature, printed name, and title-of the persin authorized to make this report, the date this report wis signed, and the telephone number to call for questions about 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 suthorized to verify that the previous operator no inner				

- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion - •
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- The gas or oil transporter's OGRID number 18.
- 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 Gae : 21.

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and title of the previous operator's representative suthorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person

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