rist II Drawer DD, Artenia, NM 8 trist III 9 Rio Brams Rd., Axter, N	Eacry, Mineran & Natara Resources Determined O CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088					Revised rebruary 10, 1994 Instructions on baci Submit to Appropriate District Office 5 Copie				
rict IV Bex 2088, Santa Fe, NM 8'	7604-2088 -								MENDED REPOR	
RE	QUEST	FOR AI	LÓWAI	BLE AN	DAU	THORIZAT	ION TO TR			
		Operator sam	e and Addres				0076	* OGRID N 73	umber	
EXXON CORPORAT	ION	ATTN:	PERMI	FTING			3	Reneva for Fi	ling Code	
P. O. BOX 4358							CG effective 9/1/98			
HOUSTON, TX 77210					hol Name					
30-0 25 30555 EUMONT; YATES-7 RVRS								22800		
					perty Nat	perty Name			' Well Number	
004194		NEW MEX	ICO G ST	ΓΑΤΕ					21	
¹⁰ Surface L										
	Townsip 21S	Range 36E	Lot.ldn	Feet from 330		North/Soma Line North	Feet from the	Emu/West		
				1 330	,	NOLCH	1900792	Pwest	Lea	
11 Bottom H	Township	Range	Lot Ida	Feet from	i the	North/South line	Feet from the	East/West	ine County	
¹ Lee Code ¹³ Producing	t Mathed Co	de ¹⁴ Gas	Connection D	ele i "C-	129 Permi	it Number	" C-129 Effective	Date	17 C-129 Expiration Date	
S	F									
. Oil and Gas T	ransport	ters	•						·····	
Transporter OGRID	19	Transporter ?			¹⁴ PO	D " 0/0		" POD ULST and Desc		
024650 Dyr	negy Mi	dstream	Service	25 9/	49730	G	C-23-21S-	-36F		
100		siana, TX 770	Ste 5800		eres i ere	ang ang banang 🖢 👷 🚛 🍂 🖞			¥2	
	·····			A	49710	1				
	uriock O. Box	Permian 4648	Corp.			0	same as g	gas		
P. Hot	uston,	TX 772	10-4648	35-35. 25-35						
				n vin Sinne						
				2.44		a daa dii daa ka k				
V. Produced Wa	ter					andra a ser a ser a ser a				
" POD					" POD U	LSTR Location and	Description			
9497.50		e as ga	S							
Vell Completi ¹¹ Speed Date	ion Data	¹⁴ Ready D			" TD		* PBTD		2º Perforatione	
		Kally L								
	1					1				
** Hole Size		31	Casing & Tub	ning Size		22 Depth	Set		^a Sacks Coment	
²⁰ Hole Sim		31	Casing & Tub	ning Size	_	²² Depth	Set		^a Saeka Comost	
** Hole Sime		36	Casing & Tub	sing Sim		22 Depth	Set		^a Sacka Comes	
* Hole Size		31	Casing & Tub	ning Sine		2 Depth	Set		^a Sacka Coment	
" Hole Sim		21	Casing & Tub	sing Sine		i Depth	Set		^a Secks Connect	
		25	Casing & Tub	Sime Sime		²² Depth	Set		^a Secks Cennes	
		Neivery Date	· · · · · · · · · · · · · · · · · · ·	Test Date		²² Depth ²² Depth ²³ Test Longth	Set		* Sacks Coment	
7. Well Test Da	" Gas D		38 0							
I. Well Test Da "Date New Oil "Cheke Size I hereby certify that the ru	²⁶ Gas D ice of the Oil	Delivery Date	Je of the second	Test Date		" Test Longik " Gen-	** A	Pressure OF	** Cag. Pressure ** Taul Mathed	
T. Well Test Da " Date New Oil " Cheke Size " I hereby certify that the ru with and that the information mowiedge and belief.	²⁶ Gas D ice of the Oil	Delivery Date	Je of the second	Test Date		" Test Length " Gen- OIL C	¹⁰ The. i	Pressure OF	** Cag. Pressure ** Taul Mathed	
 Vell Test Da ¹⁴ Date New Oil ¹⁶ Choke Sime ¹⁶ I hereby certury that the runvith and that the information renowledge and belief. 	²⁶ Gas D ans of the Oil a given above	Adivery Date	Division have a	Test Date	Apperov	" Test Longia " Gen- OIL C	The F	OF TION DI	* Cag. Pressure * Test Mathed VISION	
T. Well Test Da Date New Oil Choke Size Thereby certify that the ru- with and that the information cnowledge and belief. Signamere:	²⁶ Gas D ans of the Oil a given above	Delivery Date	Division have a	Test Date		" Test Longia " Gen- OIL C	The a	OF TION DI	* Cag. Pressure * Test Mathed VISION	
 71. Weil Test Da * Date New Oil * Cheke Sime * I hereby certify that the runwith and that the information toowledge and belief. Signamura: Printed manufe: Judy H 	* Ges D tes of the Oil a given above Bagwell	Adivery Date	Division save (Test Date	Approv Title:	" Test Longia " Gen- OIL C	The F	OF TION DI BY CHRIS SUPERVIS	* Cag. Pressure * Test Mathed VISION	
I. Well Test Da " Date New Oil " Date New Oil " Choke Sime " I hereby certury that the runith and that the information chowledge and belief. Bigannare: Printed matter: Judy H Title: Supt.	* Ges D tes of the Oil gives above Bagwelf Staff (Conservation is true and con Office A	Division save (Test Date Water been complied cat of my	Approv Title:	" Test Longth " Gen OIL C ved by: ORIC	The F	OF TION DI BY CHRIS SUPERVIS	* Cag. Pressure * Test Mathed VISION	
 Veil Test Da * Date New Oil * Cheke Size * I hereby certufy that the ruwith and that the information knowledge and belief. Signamore: Printed name: Judy H Take: Supt. 	* Gen D ten of the Oil a given above Bagwelf Staff (Adivery Date A OB Conservation is true and con Office A Phone: 7	Division tarve to mpicte to the b	Test Date Water been completed est of my	Approv Title: Approv	" Test Longth " Gen- OIL C ved by: ORIC ved Date:	The F	OF TION DI BY CHRIS SUPERVIS	* Cag. Pressure * Test Mathed VISION	

.

Energy, Mineran & Natural Resources Departm

Revised February 10, 1994

•

New Me taux Oil Conservation Division C-104 Instructions

		C-104 M	tructions			
IF THIS IS AN AMENDED REPORI CHECK THE BOX LABLED "AMENDED 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 snort description of the POD (Example: "Battery A", "Jones CPD", etc.)		
Report a	a cit voiu	umes at 15.025 PSIA at 60°. The nearest whole barrel. Wable for a newly drilled or despend well must be applying of the deviation tests conducted in	2 3 .	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.		
A reduces for a tabulation of the deviation tests conducted in 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 w and recompleted wells.				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", atc.i		
	ot opera	one i. II. III. IV, and the operator certifications for itor, property name, well number, transporter, or	25.	MO/DA/YR drilling commences		
OTHER BI	ich chang	66 .	26.	MO/DA/YR this completion was ready to produce		
A sepa complet	A separate C-104 must be filed for each pool in a multiple completion.			Total vertical depth of the well		
100000	viv filled	out or incomplets forms may be returned to	28.	Plugback vertical depth		
operators unapproved.			29.	Top and bottom perforation in this completion or casing shoe and TD If opennole		
٩.	•	Operator's name and address		Inside diameter of the well bore		
2.	Operation be assisted	or's OGRID number. If you do not have one it will gned and filled in by the District office.	30. 31.	Outside diameter of the casing and tubing		
2		tor filing code from the following table:		Depth of casing and tubing. If a casing liner show top and		
3.	NW RC	New Well Recompletion	32.	b ottom.		
	CH AO	Change of Operator Add oil/condensate transporter	33.	Number of sacks of cement used per casing string		
	CO AG	Change oil/condensate transporter Add gas transporter	The fo	diowing test data is for an oil well it must be from a test ctad only after the total volume of load oil is recovered.		
	CG RT	Change gas transporter Request for test allowable (include volume	34.	MO/DA/YR that new oil was first produced		
	If for a	requested) my other reason write that reason in this box.	35.	MO/DA/YR that gas was first produced into a pipeline		
4.	The A	Pl number of this well	36.	MO/DA/YR that the following test was completed		
5.	The n	ame of the pool for this completion	37.	Length in hours of the test		
6.	The p	poi code for this pool	38.	Flowing tubing pressure - oil wells		
7.	The p	operty code for this completion		Shut-in tubing pressure - gas wells		
3.	The p	The property name (well name) for this completion		Flowing casing pressure - oil wells Shut-in casing pressure - gas wells		
9.		reli number for this completion	40.	Diameter of the choke used in the test		
10.	11-14-	urface location of this completion NOTE: If the d States government survey designates a Lot Number	41.	Barrels of oil produced during the test		
	for th	is location use that number in the 'UL or lot no. box. wise use the OCD unit letter.	42.	Barrels of water produced during the test		
11.		ottom 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		
ب که ا	F	Federal	45.	The method used to test the well:		
	S P	State Fee		F Flowing P Pumping		
	Ĵ	Jicarille		S Swapping		
	NU	Navaio Ute Mountain Ute		If other method please write it in.		
	Ē	Other Indian Tribe	46.	The signature, printed name, and title-of the pere- authorized to make this report, the date this report w		
13.	F	Producing method code from the following table: Flowing Pumping or other artificial lift		signed, and the telephone number to call for question about this report		
	P		47.	The previous operator's name, the signature, printed nam		
14.	gas 1	DA/YR that this completion was first connected to a transporter	47.	The previous operator a name, the strategy operator's represent and title of the previous operator's represent authorized to verify that the previous operator no operates this completion, and the date this report		
15.	The this	permit number from the District approved C-129 for completion		operates this completion, and the case to toport and signed by that person		
16.	MO/	DA/YR of the C-129 approval for this completion				
17.		DA/YR of the expiration of C-129 approvel for this pletion				

- 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 recomplication 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.

-

- ter is moved mpletion and will assign a
- ent from the n of the POD CPD Water
- du ce
- on or casing
- show top and
- string

- a pipeline -
- pieted

- MCF/D
- of the person this report was il for questions
- s, printed name, representative-prator no longer this report was

- -.

· · · ·
