Natrict I O Box 1960, Hobbs, NM \$2241-1960)	State of New Mexico Energy, Minerals & Natural Resources Department						Form C-104 Revised February 10, 1994				
Sutrict [] PO Drawer DD, Artenia, NM 88211-0719 District []]			719	OIL CONSERVATION DIVISION PO Box 2088						Subm	nit to A		structions on back ate District Office 5 Copies	
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Exxon Corp.										007673				
P.O. Bo Midland										' Remon for Filing Code				
marane	, ICA		, 02							CG- 01/	31/77			
API Number 30 - 025-09960					' Pool Nam addock	_	• Peel Code 49210							
' Property Code 004201				' Property Name Paddock Unit							' Well Number 18			
I	Surface	Locati	ion							<u> </u>	1			
F 02		Towns					from the	North/South Line North			East/West time West		Consty	
		225		37E			980	Nort		1980	wes	t	Lea	
UL or iot no.	Section	Hole		tion Range	Lot Ida	For	tíroma use	North	ogth line	Feet from the	Fast/V	est time	Cosaty	
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-i Lae Code S	" Produ	P	nd Code	e Gas	Connection Da	ale	' C-129 Per	nit Number		* C-129 Effective	Date	'' C-	129 Expiration Date	
III. Oil a		· · · · · · · · · · · · · · · · · · ·					¹⁰ P		²¹ O/G					
OGRID				" Transporter Name and Address					- 0/6	²² POD ULSTR Location and Description				
022628		Texas-New Mexico PL Co. Box 42130					0952910		0	N-02-21S-37E				
H		ouston, Texas 77242-2130								Paddock San Angelo CTB				
022345 Texaco		exaco	E&P	, Inc.		0952	0952930 G		N-02-21S-37E					
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IV. Prod	used N	Voter							·					
	POD						* POD 1	ULSTR Loc	tion and	Description				
09529	50		Sa	ame as	oil.									
V. Well		letion I	Data											
⁻ S(pud Date			" Ready D	late		-7 TD			" PBTD		" Perforations		
* Hole Size				" Casing & Tubing Sim			e		jet .		¹⁰ Sacks Cement			
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	l Test		C D.	Himmer Data		T D							N.C	
" Date New Oil		" Gas Deliver		avery Date	Date "Test Di		ate "Test		engin.	* Tog. Pressure			* Cag. Pressure	
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Signature:	X	SX		-Dr	te.		A 201	oved by:	-41:3}?	AL SIGNED - DISTORTOR	1. 1 i s	ور معدد ار		
Printed name:	Dòn	J. Batı	es	`\			Title:					.:		
Title:	Regu	latory	Spe	ecialist				Approval Date:				AUG 9 1995		
	27/95			Phone: (8-78								
" If this is a	change of	f operator f	ill in th	e OGRID a	umber and ba	me of t	the previous of	zrator						
	Previo	us Operato	e Signa	Lu re		.	P	inted Name				Title	Date	
			-	<u>.</u>										

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F THIS	IS AN AMENDED REPORT. CHECK THE BOX LABLED DED REPORTT AT THE TOP OF THIS DOCUMENT
	ill gas volumes at 15.025 PSIA at 60°. Ill oil volumes to the nearest whole barrel.
accomp	at for allowable for a newly drilled or deepened well must be anied by a tabulation of the deviation tests conducted in nce with Rule 111.
All sections and	ons of this form must be filled out for allowable requests on a recompleted wells.
cnanges	only sections i, ii, iii, iV, and the operator certifications for of operator, property name, well number, transporter, or ich changes.
A separ complet	rate C-104 must be filed for each pool in a multiple ion.
operator	riv filled out or incomplete forms may be returned to s 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/concensate 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 latter.
11.	The bottom hole location of this completion
12.	Laase code from the following table: F Federal S State P Fee J Jicarilla N Navajo U Ute Mountain Ute I Other Indian Tribe

- ucing **method code** from the fo Flowing Pumping or other artificial lift od code from the following table: Ê
- 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
- MO/DA/YR of the expiration of C-129 approval for this : 7 completion
- 18. The gas or oil transporter's OGRID number
- 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.
- 21. Product code from the following table: Oil Gae

- 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.) 22.
- 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", "Jones CPD Water 24. Example: Tank .etc.)
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 28.
- 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 opennois
- Inside diameter of the well bore 30.
- 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 cament 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
- MO/DA/YR that the following test was completed 36
- 37 Length in hours of the test
- Flowing tubing pressure oil weils Shut-in tubing pressure gas weils 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 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
- The method used to test the weil: 45.

F Flowing P Pumping S Swabbing 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.

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