Submit 5 copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICI II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| EXXON CORPORA | | | | 3002509962 | | | |
|--|--|----------------------|--|---|--|--|--|
| P. O. BOX 160 | ORY AFFAIRS | | | | | | |
| Reason(s) for Filing (Check proper box) | 79702 | | Other (Please ex | plan) | | | |
| New Well | Change in Transporter | of: | GAS TRANSPORTER CHANGE EFFECTIVE 11/1/91 | | | | |
| Recompletion | Oil Dry Gas | X | | | | | |
| | Casinghead Gas Condensat | .e | | | | | |
| If change of operator give name and address of previous operator | | | | | | | |
| II. DESCRIPTION OF WI | | | | | | | |
| Lease Name NEW MEXICO S STATE | Well No. Pool Nat | me, Including | ; Formation | Kind of Lease State, Federal or Fee B-934 | | | |
| Location | TUBB. | GAS | | STATE B-934 | | | |
| Unit Letter B | :660 Feet Fro | om The N | ORTH Line and 198 | BO Feet From The EAST Line | | | |
| Section 2 Township | p 22-S Range | 37-E | , NMPM. | LEA County | | | |
| III DESIGNATION OF T | DANSDODTED OF | OIL AN | ID NATUDAL CAS | | | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) NO LIQUID PRODUCTION | | | | | | | |
| Name of Authorized Transporter of Casing SID RICHARDSON CAR | | | Address (Give address to which 201 MAIN ST., | approved copy of this form is to be sent) FT. WORTH, TX. 76102 | | | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. | Rge. | Is gas actually connected? | When? 11-1-91 | | | |
| If this production is commingled with that if | | e comminglin | g order number N/A | | | | |
| IV. COMPLETION DATA | Oil Well Gas | Well | New Well Workover I | Deepen Plug Back Same Res'v Diff Res'v | | | |
| Designate Type of Completi | Date Compl. Ready to Prod. | | Total Depth | P.B.T.D. | | | |
| | | | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | Tubing Depth | | | |
| Perforations | | | Depth Casing Shoe | | | | |
| | TUBING, CASIN | NG AND | CEMENTING RECO | ORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | SACKS CEMENT | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| V. TEST DATA AND REQ | _ | | | | | | |
| OIL WELL (Test must be after red Date First New Oil Run To Tank | covery of total volume of load of Date of Test | <u>l and must be</u> | Producing Method (Flow, pun | s for this depth or be for full 24 hours.) ψ, gas lift, etc.) | | | |
| Length of Test | Tubing Pressure | | Casing Pressure | Choke Size | | | |
| Length of Test | Tuoing Pressure | | Casing Pressure | Choke Size | | | |
| Actual Prod. During Test | Oil - Bhls. | | Water - Bbls. | Gas-MCF | | | |
| | | | | | | | |
| GAS WELL | | | , | | | | |
| Actual Prod Test - MCF/D | Length of Test | | Bbls. Condensate/MMCF | Gravity of Condensate | | | |
| Testing Method (pitot,back pr.) | Tubing Pressure (Shut-in) | | Casing Pressure (Shut-in) | Choke Size | | | |
| VI. OPERATOR CERTIFI | CATE OF COMPLE | ANICE | OH C | ONSERVATION DIVISION | | | |
| I hereby certify that the rules and regulat | | AINCE | OIL C | OUREKAVITON DIAIRION | | | |
| Division have been complied with another the information given above is true and complete to the best of my knowledge and belief. | | | JAN 17'92 | | | | |
| I W. | AT. | | Date Approved_ | - | | | |
| Signature | | | ByOi | Orig. Signed by | | | |
| Don J. Bates Administrative Specialist | | | Paul Kautz Geologist | | | | |
| Printed Name | Title | | Title | FEATURE TO SERVICE TO | | | |
| 01/14/92 Date | (915) 688- Telephone No | | | | | | |

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
- 1) Request for allowable for newly drilled or deepend well must be accompanied
- by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Operator EXXON CORPORA | ATION | | | Well API No. | 002509962 | |
|---|--|---|--------------------------------|--------------------------------|-----------------------|--|
| Address ATTN: REGULA P. O. BOX 16 MIDLAND, TX | TORY AFFAIRS 00 79702 | | | | | |
| Reason(s) for Filing (Check proper box) | | <u> </u> | Other (Please | explain) | | |
| New Well | · | in Transporter of: GAS TRANSPORTER CHANGE EFFECTIVE 11/1/91 | | | | |
| Recompletion | Oil Upp | Gas X | | | | |
| Change in Operator | Casinghead Gas Cor | ndensate | | | | |
| If change of operator give name and address of previous operator | | | | | | |
| II. DESCRIPTION OF W | | E Name, Including | z Formation | Kind of Lease | Lease No. | |
| NEW MEXICO S STATE | 139 | DRINKARD GAS | 5 1 0 mai 0 m | State, Federal or Fed STATE | | |
| Location Unit Letter | _ : <u>660</u> F | eet From The N | ORTH Line and 19 | 980 Feet From The | EAST Line | |
| Section 2 Townsh | ip 22- S | Range 37-E | , NMPM. | LEA | County | |
| III. DESIGNATION OF | TRANSPORTER or Condens | | ND NATURAL GA | S | rm is to be sent! | |
| NO LIQUID PRODUCTION | | | | | | |
| Name of Authorized Transporter of Casir SID RICHARDSON CA | | | 201 MAIN ST. | , FT. WORTH, | TX. 76102 | |
| If well produces oil or liquids, give location of tanks. | 1 1 1 | wp. Rge. | Is gas actually connected? YES | When? 11-1-91 | | |
| If this production is commingled with that IV. COMPLETION DATA | | ool, give comminglin | | | | |
| Designate Type of Comple | Oil Well | Gas Well | New Well Workover | Deepen Plug Back | Same Res'v Diff Res'v | |
| Date Spudded | Date Compl. Ready to P | rod. | Total Depth | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Form | nation | Top Oil/Gas Pay | Tubing Dep | oth | |
| Perforations | | | | Depth Casi | ng Shoe | |
| | TUDING C | ACING AND | CEMENTING DE | CORD | | |
| HOLE SIZE | T | | CEMENTING RE | | 31.07/2 OD 101/0 | |
| HOLESIZE | CASING & TU | BING SIZE | DEPTH SE | 1 : | SACKS CEMENT | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| V. TEST DATA AND REC | ~ | | <u> </u> | | | |
| OIL WELL (Test must be after Date First New Oil Run To Tank | recovery of total volume of Date of Test | load oil and must be | Producing Method (Flow, p | able for this depth or be for | full 24 hours.) | |
| Date Pirst New Oil Run 10 Tank | Date of Test | | Producing Method (Flow,) | oump, gas tijt, etc.) | ! | |
| Length of Test | Tubing Pressure | Tubing Pressure | | Choke Size | Choke Size | |
| Actual Prod. During Test | Oil - Bbls. | | Water - Bbis. | Gas-MCF | | |
| | | | | | | |
| GAS WELL | | | | | | |
| Actual Prod Test - MCF/D | Length of Test | | Bbls. Condensate/MMCF | Gravity of | Condensate | |
| Testing Method (pitot,back pr.) | Tubing Pressure (Shut-in | 1) | Casing Pressure (Shut-in) | Choke Size | | |
| VI. OPERATOR CERTIF | ICATE OF COM | IPLIANCE | OIL | CONSERVATIO | N DIVISION | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is | | | | 1 11 21 | 1 7 '00 | |
| true and complete to the best of my knowledge and belief. | | | Date Approved JAN 17'92 | | | |
| Signature | | | By | By Paul Kautz | | |
| Don J. Bates Administrative Specialist Printed Name Title | | | j ∑ Geologist | | | |
| 01/14/92 | (915) 6 | | Title | | | |
| Date | Telepho | | | | | |

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