

District I
1625 N. French, Hobbs, NM 88240
District II
811 South First, Artesia NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-104
Revised March 25, 1999
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1 Operator Name and Address Exxon Corp. P.O. Box 4358 Houston TX 77210-4358		2 OGRID Number 257097 7673
		3 Reason for Filing Code AO & AG - 10/19/99
4 API Number 30-025-10129	5 Pool Name Blinebry Oil and Gas (Oil)	6 Pool Code 6660
7 Property Code 004179	8 Property Name J.L. Greenwood	9 Well Number 8

II. 10 Surface Location

UL or lot no. K	Section 9	Township 22S	Range 37E	Lot Idn	Feet from the 1980	North/South line south	Feet from the 1980	East/West Line west	County Lea
---------------------------	---------------------	------------------------	---------------------	---------	------------------------------	----------------------------------	------------------------------	-------------------------------	----------------------

11 Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West Line	County
12 Lse Code F	13 Producing Method Code P	14 Gas Connection Date	15 C-129 Permit Number	16 C-129 Effective Date	17 C-129 Expiration Date				

III. Oil and Gas Transporters

18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 POD ULSTR Location and Description
022507	Equilog Pipeline Co. LLC 777 Walker Houston, Tx 77002	0949510	O	I-09-22S-37E J. L. Greenwood T/B #1
241650 020067	Dynegy Midstream Services 1000 Louisiana, Suite 500 Houston, Tx 77002	0949530	G	Same as Oil

IV. Produced Water

23 POD 949550	24 POD ULSTR Location and Description Same as gas
-------------------------	---

V. Well Completion Data

25 Spud Date 12/09/1991	26 Ready Date 12/16/1991	27 TD 8150	28 PBTD 6020	29 Perforations 5010-5132 Paddock 5616-5894 Blinebry	30 DHC, MC DHC
31 Hole Size	32 Casing & Tubing Size	33 Depth Set	34 Sacks Cement		
17 1/2	13 3/8	349	350		
12 1/4	9 5/8	2915	2450		
7 7/8	5 1/2	8150	1400		
	2 7/8	5176			

VI. Well Test Data

35 Date New Oil 10/21/1999	36 Gas Delivery Date	37 Test Date 10/29/1999	38 Test Length 24	39 Tbg. Pressure --	40 Csg. Pressure --
41 Choke Size --	42 Oil 148 6.3 21.1	43 Water 17 46 53	44 Gas 266 52.0 258	45 AOF --	46 Test Method P

47 I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

Allison C. Myrow

Printed Name:

Allison C. Myrow

Title:

Staff Administrative Assistant

Date: **11/18/1999**

Phone: **(713) 431-1213**

OIL CONSERVATION DIVISION

Approved by:

SIGNED BY CHRIS WILLIAMS
DISTRICT SUPERVISOR

Title:

Approved by Date:

48 If this is a change of operator fill in the OGRID number and name of the previous operator.

Previous Operator Signature

Printed Name

Title

Date

1- THIS IS AN AMENDED REPORT. CHECK THE BOX LABELED AMENDED REPORT AT THE TOP OF THIS DOCUMENT

Report all gas volume at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.
A request for allowable for a newly drilled or deepened well must be 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 new and recompleted wells.
Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.
A separate C-104 must be filed for each pool in a multiple completion. Improperly filled out or incomplete form may be returned to operators 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. Reasons for filing code from the following table:
 - NW New Well
 - RC Recompletion
 - CH Change of Operator
 - AO Add oil/condensate 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 State government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:
 - F Federal
 - S State
 - P Fee
 - J Jicarilla
 - N Navajo
 - U Ute Mountain Ute
 - I Other Indian Tribe
- 13. The producing method code from the following table:
 - F Flowing
 - P Pumping or other artificial lift
- 14. MO/DA/YR that the 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
- 17. MO/DA/YR of the expiration of C-129 approval for the completion
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- 20. 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.
- 21. Product code from the following table:
 - O Oil
 - G Gas
- 22. 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", "Jones CPD" etc.)
- 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 number and write it here.
- 24. 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", etc.)
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 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 openhole
- 30. Write in 'DHC' if this completion is downhole commingled with another completion or 'MC' if there is more than one non-commingled completion in this well bore. Attach actual completed well bore diagram.
- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner, show top and bottom.
- 34. Number of sacks of cement 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.

- 35. MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- 39. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- 40. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well:
 - F Flowing
 - P Pumping
 - S SwabbingIf other method please write it in.
- 47. 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
- 48. 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