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

State of New Mexico Energy, Minerals & Natural Resources Department

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

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

District IV 2040 Pacheco						Santa	a Fe, N	M 875	505			_	1	J Copies		
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						and Address	D ALL	D A			IIION I	2 OGRID	Number			
Exxon Cor P.O. Box 4	-										257097 7 6 7 3 Reason for Filing Code					
Houston			TX	77310	1250					O & AG - 10/19/1999						
	API Numb	ег		<u> 1 A</u>	77210-			6 Pool Code								
30-025-10129 Paddock													49210			
⁷ Property Code 004179					8 Proper J.L. Greenwood				erty Name				9 Well Number			
	Lo	cation			J.L. GICC	HWOOD										
UL or lot no. Sect			Township	Range Lot Idn			Feet from	the	North/South line		Feet from the	East/We	East/West Line Count			
K 9		22S			3£ 37		1980		south		1980	west		Lea		
UL or lot no.	Bottom Section		ole Loc		1 Range	Lot Idn	Feet from	the	North/South line		Feet from the	Fast/W	East/West Line County			
566.		1941941		^	Cange	Loc ruii	Feet from the		COCCUSSOUR ARC		rect nom ac	Laso W	East/West Line County			
12 Lse Code	roducir	ducing Method Code 14 Gas			Connection Date 15 (C-129 Permit Number		16 C-129 Effective Date		17 C-129 Expiration Date					
P	10		P			 .				<u> </u>						
III. Oil an	1 ra		10					²⁰ POD ²¹ O/G			22 POD ULSTR Location					
OGRID	· anil	lon Dinali	and Address				POD			and Description						
022507	Valker	aiker					949510 O			I-09-22S-37E						
1 4 1 5				on, Tx. 77002								J. L. Greenwood T/B #1				
2020667	1	1000 Louisiana, Suite 5800						9530 G								
	H	Houston, Tx. 77002									Same as Oil					
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IV. Produ		ate	r T		 	·	_	24 PC	D III omn							
9495								24 POD ULSTR Location and Description Same as Gas								
V. Well C	Comple	etio	n Data				 	San	ic as G	<u>as</u>		-				
25 Spud Date				26 Ready Date 27 TD 8150				28 PBTD 6020			29 Perforations 30 DHC, MC 5010-5132 Paddock					
12/09/1991 31 Hole Size				12/16	5/1991	g & Tubing Size		33 Depth Set			5616-5894 Blinebry DHC 34 Sacks Cement					
17 1/2				13 3/8				349				350	Sa	icks Cement		
12 1/4			-	9 5/8				2915			2450					
7 7/8				5 1/2				8150			1400					
				2 7/8				5176			· · · · <u>-</u> ·					
VI. Well		Da							-							
35 Date New Oil 10/21/1999			36 Gas Delivery Date				³⁷ Test Date 10/29/1999		Test Length		39 Tbg. Pressure			40 Csg. Pressure		
41 Chok	42 Oil 43 Wa						-	44 Gas		45 AOF		_	46 Test Method			
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and belief. Signature:	\cap	a (r	Λ_{a}	•		Approved	l bv:					103		
Printed Name:									Title:							
Allison C. Myrow									Approved by Date:				and a france			
Date: 11/18/1999 Phone: (713) 431-1213								Approved by Date: 10 2000						UNI		
48 If this is a cha		егацог	fill in the O				114	·. ·								
	Previou	us Op	erator Signa	ture			Pr	inted Nam	e		-	litle		Date		



THIS IS AN AMENDED REPORT. CHECK THE BOX LABELED AMENDED REPORT ... 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.

Reasons for filing code from the following table: NW New Well

- RC Recompletion CH
- Change of Operator Add oil/condensate transporter Change oil/condensate transporter AO CO

AG CG RT 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.

The API number of this well

4. 5. 6. 7. 8. 9. The name of the pool for this completion The pool code for this pool The property code for this completion

The property name (well name) for this completion The well number for this completion

The surface location of this completion NOTE: If the United State government survey designates a Lot Number for this location use 10. 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

Fee

Jicarilla N

Navajo Ute Mountain Ute

Other Indian Tribe

The producing method code from the following table: 13.

Flowing

Pumping or other artificial lift

MO/DA/YR that the completion was first connected to a gas transporter

14. 15. 16. 17.

18. 19.

MO/DA/YR that the completion was first connected to a gas transporter

The permit number from the District approved C-129 for this completion

MO/DA/YR of the C-129 approval for this completion

MO/DA/YR of the expiration of C-129 approval for the completion

The gas or oil transporter's OGRID number

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 has no number the district office will assign a number and write it here.

Product code from the following table: POD

21. Product code from the following table:

Oil 0

The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery", "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

23. The POD indinder of the storage from which water is moved from this property. It 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

28. MO/DA/YR this completion was ready to produce

27. Total vertical depth of the well

28. Plumback vertical depth of the

In this completion or casing shoe and TD if openhole

It this completion is downhole commingled with another completion or 'MC' if there is more than on this well bore. Attach actual completed well bore diagram.

Inside diameter of the well bore
Outside diameter of the casing and tubing
Depth of casing and tubing. If a casing liner, show top and bottom.

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.

MO/DA/YR that new oil was first produced
MO/DA/YR that gas was first produced into a pipeline
MO/DA/YR that the following test was completed
Length in hours of the test
Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
Diameter of the choke used in the test
Barrels of oil produced during the test
Barrels of oil produced during the test
Barrels of water produced. Plugback vertical depth
Top and bottom perforation in this completion or casing shoe and TD if openhole
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.
Inside diameter of the well bore
Outside diameter of the casing and tubing
Depth of casing and tubing. If a casing line.

44. 45.

Barrels of on produced during the test
Barrels of water produced during the test
MCF of gas produced during the test
Gas well calculated absolute open flow in MCF/D
The method used to test the well:

F Flowing
P Pumping
S Swabbing
If 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

that