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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

FOLIEST FOR ALL OWARD F AND AND THE

| | . ТОТ | RANSPURI C | IL AND NATURAL (| SAF | | | | |
|--|--|---|--|-------------------------------------|---|---------------|----------|--|
| Operator Exxon Corp. | | | | | Well API No. 30-025-10129 | | | |
| Address P.O. Box 1600, Mid | land, Texas 7 | | | | | | | |
| Reason(s) for Filing (Check proper box | | | Other (Please ex | plain) | | | | |
| New Well | | e in Transporter of: | | ' ' | | | | |
| Recompletion K | Oil | 🔀 Dry Gas 🗌 | | | | | | |
| Change in Operator | Casinghead Gas | Condensate | | | | | | |
| If change of operator give name | | | | | - 1 0 | | | |
| and address of previous operator | - | | | | <u> </u> | rinkar | 1 | |
| II. DESCRIPTION OF WEL | | | | - | | | | |
| J. L. Greenwood | 8 8 | Pool Name, Inclu Paddock/6 | Silovieta | | of Lease Federal of Fee | Fee Lease | No. | |
| Location K | 1980 | | South 1 | 000 | | | | |
| Unit Letter | _ : | Feet From The _ | Line and | 980 ——— F | eet From The | West | I | |
| Section 9 Towns | ship 22S | Range 37E | , NMPM, | Lea | | c | ount | |
| III. DESIGNATION OF TRA | NSPORTER OF | OII. AND NATI | IIPAL GAS | | | | | |
| Name of Authorized Transporter of Oil | | densate | Address (Give address to | which approve | d copy of this form i | s to be sent) | | |
| ce Permian cons | | | P.U. BOX 1183 | , Housto | n, Texas | | | |
| Name of Authorized Transporter of Cas Texaco Prod. Inc. | singhead Gas | or Dry Gas | Address (Give address to | vhich approve | d copy of this form i | s to be sent) | | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. | Twp. Rge 22S 37E | Is gas actually connected? | When | ? | - | | |
| If this production is commingled with the | at from any other lease | | | | | | | |
| IV. COMPLETION DATA | | | - | | | | | |
| Designate Type of Completion | n-(X) Oil W | ell Gas Well | New Well Workover | Deepen | Plug Back Sam | e Res'v Diff | f Res | |
| Date Spudded | Date Compl. Ready | to Prod. | Total Depth | | P.B.T.D. | | <u>X</u> | |
| 12-9-91 | 12-16-91 | | 8150 | | 621 | 5 | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing | | Top Oil/Gas Pay | | Tubing Depth | <u> </u> | | |
| Perforations | Paddock/6 | r ioriet a | <u> </u> | | 497 Depth Casing Sho | | | |
| 5010-573. | | | | | Deput Casing Site | Ε. | | |
| 10.50.50 | | | CEMENTING RECO | TD | | | | |
| HOLE SIZE | | TUBING SIZE | DEPTH SE | | | S CEMENT | | |
| | 13-3/8 | | 349 | | 350 | | | |
| NA TO THE REPORT OF THE REPORT | 9-5/8 | | 2915 | | 2450 | | | |
| 7-7/8 | 5-1/2 | | 8150 | | 600 | | _ | |
| | | | | | | | | |
| | ICT FOR ALL OIL | | · | | | | | |
| V. TEST DATA AND REQUE | | | | | | | | |
| V. TEST DATA AND REQUE OIL WELL (Test must be after | recovery of total volum | | to be equal to or exceed top all | owable for thi | s depth or be for ful | l 24 hours.) | | |
| V. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank | recovery of total volume | | Producing Method (Flow, p | owable for thi ump, gas lift, e | s depth or be for ful etc.) | l 24 hours.) | | |
| V. TEST DATA AND REQUED IL WELL (Test must be after Date First New Oil Run To Tank 12-16-91 | Date of Test 12-26-91 | | Producing Method (Flow, p | owable for thi semp, gas lift, e | uc.) | l 24 hours.) | | |
| V. TEST DATA AND REQUEDIL WELL (Test must be after Date First New Oil Run To Tank 12-16-91 | recovery of total volume | | Producing Method (Flow, p | owable for thi | s depth or be for ful. | l 24 hours.) | | |
| V. TEST DATA AND REQUED IL WELL (Test must be after Date First New Oil Run To Tank 12-16-91 Length of Test 24 | Date of Test 12-26-91 | | Producing Method (Flow, p | owable for thi ump, gas lift, e | Choke Size | l 24 hours.) | | |
| V. TEST DATA AND REQUED IL WELL (Test must be after Date First New Oil Run To Tank 12-16-91 Length of Test 24 | Date of Test 12-26-91 Tubing Pressure | | Producing Method (Flow, p Pumping Casing Pressure | owable for thi sump, gas lift, e | uc.) | l 24 hours.) | | |
| V. TEST DATA AND REQUED IL WELL (Test must be after Date First New Oil Run To Tank 12-16-91 Length of Test 24 Actual Prod. During Test GAS WELL | Date of Test 12-26-91 Tubing Pressure Oil - Bbis. 41 | | Producing Method (Flow, p Pumping Casing Pressure Water - Bbls. | owable for thi ump, gas lift, d | Choke Size | l 24 hours.) | | |
| V. TEST DATA AND REQUEDIL WELL (Test must be after Date First New Oil Run To Tank 12-16-91 Length of Test 24 Actual Prod. During Test GAS WELL | Date of Test 12-26-91 Tubing Pressure Oil - Bbls. | | Producing Method (Flow, p Pumping Casing Pressure Water - Bbls. | owable for thi ump, gas lift, e | Choke Size | | | |
| V. TEST DATA AND REQUED IL WELL (Test must be after Date First New Oil Run To Tank 12-16-91 Length of Test | Date of Test 12-26-91 Tubing Pressure Oil - Bbis. 41 | e of load oil and mus | Producing Method (Flow, p Pumping Casing Pressure Water - Bbls. 17 Bbls. Condensate/MMCF | owable for thi ump, gas lift, d | Choke Size Gas- MCF 107 Gravity of Conden | | | |
| V. TEST DATA AND REQUEDIL WELL (Test must be after Date First New Oil Run To Tank 12-16-91 Length of Test 24 Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) | Date of Test 12-26-91 Tubing Pressure Oil - Bbls. 41 Length of Test Tubing Pressure (Shi | e of load oil and must | Producing Method (Flow, p Pumping Casing Pressure Water - Bbls. 17 | owable for thi | Choke Size Gas- MCF 107 | | | |
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| V. TEST DATA AND REQUEDIL WELL (Test must be after Date First New Oil Run To Tank 12-16-91 Length of Test 24 Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D esting Method (pitot, back pr.) VI. OPERATOR CERTIFIC 1 hereby certify that the rules and regu | Date of Test 12-26-91 Tubing Pressure Oil - Bbls. 41 Length of Test Tubing Pressure (Shu | e of load oil and must | Producing Method (Flow, p Pumping Casing Pressure Water - Bbls. 17 Bbls. Condensate/MMCF Casing Pressure (Shut-in) | ump, gas lift, e | Choke Size Gas-MCF 107 Gravity of Conden Choke Size | ISION | | |
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| C. TEST DATA AND REQUEDIL WELL (Test must be after Date First New Oil Run To Tank 12-16-91 Length of Test 24 Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D esting Method (pitot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regued Division have been complied with and is true and complete to the best of my Signature Sharon B. Timlin | Date of Test 12-26-91 Tubing Pressure Oil - Bbls. 41 Length of Test Tubing Pressure (Shi | pt-in) PLIANCE Ervation ven above ffice Asst. | Producing Method (Flow, p Pumping Casing Pressure Water - Bbls. 17 Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CON Date Approve By ORIGINA | ISERVA | Choke Size Gas-MCF 107 Gravity of Conden Choke Size ATION DIV JAN 1 3 'S EY SERVISOR | ISION 32 | | |
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened 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.

RECHVED

JAN 0 9 1992

C.7% (**HOE**35 C.F+0.5