

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 Mobil Corporation P.O. Box 4358 Houston TX 77210-4358 | | ² OGRID Number 007673 |
| | | ³ Reason for Filing Code WORKOVER RC, AO |
| ⁴ API Number 30-025-10131 | ⁵ Pool Name Blinebry Oil and Gas (Oil) | ⁶ Pool Code 6660 |
| ⁷ Property Code 4179 | ⁸ Property Name J L Greenwood | ⁹ Well Number 10 |

II. ¹⁰ Surface Location

| | | | | | | | | | |
|---------------|----------|------------|------------|---------|---------------|------------------|---------------|----------------|------------|
| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West Line | County |
| | 9 | 22S | 37E | | 677 | south | 753 | east | 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 P | ¹³ Producing Method Code P | ¹⁴ Gas Connection Date 7/25/01 | | 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 |
| 024650 | Dynegy Midstream Services 1000 Louisiana Suite 5800 Houston, TX 77002 | 0949530 | G | I-09-22S-37E J. L. Greenwood T/B #1 |
| 022507 | Equilon Pipeline Co. LLC P.O. Box 880 Kermit, TX 79745 | 0949510 | O | (same as gas) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

IV. Produced Water

| | |
|------------------------------------|--------------------------------------------------------------------------|
| ²³ POD 949550 | ²⁴ POD ULSTR Location and Description (same as gas) |
|------------------------------------|--------------------------------------------------------------------------|

V. Well Completion Data

| | | | | | |
|---------------------------------------------------|-----------------------------------------------|----------------------------------|------------------------------------|----------------------------------------------------|-----------------------|
| ²⁵ Date w/o began 07/19/2001 | ²⁶ Ready Date 07/25/2001 | ²⁷ TD 7711' | ²⁸ PBTB 5880' | ²⁹ Perforations 5409' - 5811' | ³⁰ DHC, MC |
| ³¹ Hole Size | ³² Casing & Tubing Size | ³³ Depth Set | | ³⁴ Sacks Cement | |
| 10-3/4" | 75#, 40.5#, 32# | 392' | | 300 sx | |
| 7-5/8" | 26.4# | 2793' | | 1200 sx | |
| 5-1/2" | 17#, 15.5#, 14# | 7710' | | 600 sx | |
| | | | | | |

VI. Well Test Data

| | | | | | |
|-------------------------------------------------|------------------------------------------------------|----------------------------------------------|--------------------------------------------|-----------------------------|---------------------------------------|
| ³⁵ Date New Oil 07/25/2001 | ³⁶ Gas Delivery Date 07/25/2001 | ³⁷ Test Date 08/19/2001 | ³⁸ Test Length 24 hrs | ³⁹ Tbg. Pressure | ⁴⁰ Csg. Pressure |
| ⁴¹ Choke Size | ⁴² Oil 6 | ⁴³ Water 21 | ⁴⁴ Gas 114 | 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: <i>Linda Koch</i> Printed Name: Linda G. Koch Title: Contract Completion Admin. Date: 12/01/2001 Phone: (713) 431-1287 | | OIL CONSERVATION DIVISION Approved by: <i>[Signature]</i> Title: <i>[Signature]</i> Approved by Date: <i>[Signature]</i> | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|--|

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 |
| | | | |

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I- 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.
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
 28. 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. MOIDAIYR 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