1000 Rie Brame Rd., Amer. NM 87410   District IV   PO Bex 2008. Samte Fe. NM 87504-2008 - I   I. REQUEST 1   'O   Exxon Corp.   P.O. Box 1600, ML-14   Midland, Texas 7970.   C25' API Number   30 - 045 - /C/3.)   'Property Code	persor ban	Santa . LOWA	Fe, NM	87504		State of New Mexico Earry, Miserus & Natural Resources Department OIL CONSERVATION DIVISION PO Box 2088				
I. REQUEST 1 Exxon Corp. P.O. Box 1600, ML-14 Midland, Texas 7970 C25' API Number 30 - 025 - /C/3.2	persor ban	LOWAI		87504-2088				5 Copies		
Exxon Corp. P.O. Box 1600, ML-14 Midland, Texas 7970: C25' API Number 30 - 045 - /C/3.	persor ban	LUWAI							NDED REPORT	
Exxon Corp. P.O. Box 1600, ML-14 Midland, Texas 7970: C25' API Number 30 - 045 - /C/3.		is and Addres	BLE AN	D AU	THOR	IZATI	ON TO TR			
Midland, Texas 7970. <i>C25</i> API Number 30 - 045 - 1013.	n						' OGRID Number			
025' API Number 30 - 045 - 1013.)				· · · ·			007673 Research for Filing Code			
30-045- 10132	Att	n: Mar	sha Wil	son		il		tive 05/01	1	
10120			· · ·	Pool Name						
Property Cala			<u>I) RIN'KA</u>	RD				* Poel Cede  G Gf)		
		,	' Pn	perty Na			' Well Number			
II. <sup>10</sup> Surface Location		<u>J.</u>	L. G	KEEN	wood		//			
Ul or iot no. Section Township	Range	Lot.Ida	Feet from		News				· · · · · · · · · · · · · · · · · · ·	
I 09 225	315					wih Line (	Feet from the	East/West time	County	
<sup>11</sup> Bottom Hole Locat	tion	· · · · · · · · · · · · · · · · · · ·	183		SCU.	TH	760	ĒAST	LEA	
UL or tot no. Section Township	Range	Lot Ida	Feet from	the	North/S	outh line	Feet from the	Farmer 1		
								East/West line	County	
" Lee Code " Producing Matheed Code	" Gas C	Connection De	ue "C-	129 Perm	it Number		C-129 Effective i	Date C-1	29 Expiration Date	
		5/1/96							_ ,	
II. Oil and Gas Transporte		· · · · · · · · · · · · · · · · · · ·								
OGRID	and Address			4 <b>PO</b>	D	<sup>μ</sup> Ο/G		POD ULSTR L		
022345 Texaco E&P			7	8051	1/2	G	T- 19.	and Description		
P.O. Box 1 Eunice, NM		1	ç.	0036	ţа	u	÷			
020667 SHELL PIPE.			CN A	2 ( 4				reenard	#11	
P.O. 30X	2648		0	949.	510	0	I-09-2	25- 37E		
HOUSTON, 7	<u>X. 77</u>	1252	<u>\$</u> ;				J.L. GR	CEENWOOd	$\tau / 2^{\#} /$	
			5. 19. 50 - 11. 19. 50 - 11.			2				
					<u></u>	· · · ·			<del></del>	
			No. 1							
V. Produced Water			<u></u>					·		
" POD			<u></u>	TOD UI	STR Lors	tion and D				
0949550		uni e	2 au	/						
V. Well Completion Data										
<sup>11</sup> Speed Date	<sup>14</sup> Ready Da	Le		" סד	_		" TBTD		Parformines -	
" Hole Sime	" C	asing & Tubi	ng Sim	_	1	Depth Se		<sup>10</sup> Seci	a Coment	
			<u> </u>							
			······		-			·		
VI. Well Test Data <sup>14</sup> Date New Oil <sup>14</sup> Gas Date								<u>· · · · · _</u>		
<sup>14</sup> Date New Oil <sup>14</sup> Gas Daie	rwy Date	т"	cat Date		" Test La	neglis.	* Tog. Pr		* Cag. Pressere	
" Cheks äine 4 0			10/		-					
	-		Water	1	4 Ga	\$ -	- AC	)F	* Test Method	
" I hereby certary that the runs of the Oil Co	Mervation D-	Vision here -	and the second se							
with and that the miormation gives above is t knowledge and belief.	nas and comp	to the bea	It of my	1	0	IL CO	NSERVAT	ION DIVIS	ION	
Simon	, <u> </u>			Approv						
Marsha Wilson	Lill	<u>in Den</u>			O		l signed by . <del>Strict i suff</del>	JERRY SEXTO <del>Rvisor</del>	N	
Starr Uffice Assistant				Approved Date: MAY 0 2 1996						
Date: 4-22-46	<b>1000</b> (91	<u>15) 688-</u>	7871							
" If this is a change of operator fill in the		niner anni Janu	e of the prov	inne epun						
Previous Operator Signate			······	Deda	es Name -			Title	Data	

	C-104 In	tructions
	IS IS AN AMENDED REPORT. CHECK THE BOX LABLED NDED REPORT AT THE TOP OF THIS DOCUMENT	2 <b>2</b> .
Report Report	t all gas volumes at 15.025 PSIA at 60°. I all oil volumes to the nearest whole barrel.	23.
A required	est for ellowable for a newly drilled or despened well must be baned by a tabulation of the deviation tests conducted in lance with Rule 111.	23.
All sec new a	tions of this form must be filled out for allowable requests on no recompleted wells.	24.
Fill our change	t only sections i. II. III. IV, and the operator cartifications for as of operator, property name, well number, transporter, or such changes.	25.
COMPH	arate C-104 must be filed for each pool in a multiple	26.
Improc	erly filled out or incomplete forms may be returned to	27.
operat	ors unapproved.	28.
1.	Operator's name and address	29.
2.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.	30.
3.	Reason for filling code from the following tables	31.
	RC Recompletion	32.
	AO Add oil/condensate transporter	
	Change oil/condensate transporter	33.
	AG Add gas transporter CG Change gas transporter RT Request for test allowable (Include volume	The follo conducte
	requested) If for any other reason write that reason in this box.	34.
4.	The API number of this well	35.
5.	The name of the pool for this completion	38.
6.	The pool code for this pool	37.
7.	The property code for this completion	38.
8.	The property name (well name) for this completion	
9.	The well number for this completion	3 <b>9</b> .
10.		40.
	The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCE which the 'UL or lot no.' box.	41.
	and the die die dood unit letter.	42.
11.	The bottom hole location of this completion	43.
12.	Lease code from the following table: F Federal	44.
	S State P Fee	45.
	J Jicarille	
	N Nevelo U Ute Mountain Ute I Other Indian Tribe	
13.	The producing method code from the following table:	46.
	F Flowing P Pumping or other artificial lift	
14.	MO/DA/YR that this completion was first connected to a gas transporter	47.
15.	The permit number from the District approved C-129 for this completion	
1 <b>6</b> .	MO/DA/YR of the C-129 approval for this completion	
17.	MO/DA/YR of the expiration of C-129 approved to the	

- MO/DA/VR of the expiration of C-129 approval for this 17.
- 18 The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- 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. 20.
- 21. Product code from the following table: 0 Oil G Gas

- 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.)
- 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.
- The ULSTR location of this POD if it is different from the well completion location and a snort description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
- MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce
- Total vertical depth of the well
- Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole
- 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 cament used per casing string
- owing tast data is for an oil well it must be from a test ad 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
  - Longth in hours of the test
  - Flowing tubing pressure oil wells Shut-in tubing pressure gas wells-
  - Flowing casing pressure oil wells Shut-in casing pressure gas wells
  - Diameter of the choke used in the test-
  - Barrels of oil 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 Swebbing If other method please write it in.
  - 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
  - The previous operator's name, the signature, printed name, and title of the previous operator's representative suthorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person

۰.

.

an ann a' chuil an s

1871 84 414