

Section 1
PO Box 1960, Hobbs, NM 88241-1960
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1008 Rio Brava Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

NEW MEXICO
Energy, Minerals & Natural Resources Department
CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. **REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

Operator name and Address EXXON CORPORATION P. O. BOX 4358 HOUSTON, TX 77210		ATTN: PERMITTING	OGRID Number 007673
Reason for Filing Code CG effective 9/1/98			
API Number 30-025-25144	Pool Name BLINEBRY OIL + GAS (OIL)	Pool Code 06660	
Property Code 004198	Property Name NEW MEXICO S STATE	Well Number 27	

II. **Surface Location**

UL or lot no.	Section	Township	Range	Lot/Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	02	22S	37E	-	1830	SOUTH	1900	WEST	Lea

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
Lea Code S	Producing Method Code P	Gas Connection Date 5/1/96		C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date			

III. **Oil and Gas Transporters**

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
024650	Dynegy Midstream Services 1000 Louisiana, Ste 5800 Houston, TX 77002	0949830		17-02-22S-37E NM-S-STATE T/B #5
022628	Texas-New Mexico PL Co. Box 42130 Houston, TX 77242-2130	0949810	0	Same as gas

IV. **Produced Water**

POD	POD ULSTR Location and Description
0949850	same as gas

V. **Well Completion Data**

Spud Date	Ready Date	TD	FBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. **Well Test Data**

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cog. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

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>Judy Bagwell</i>		OIL CONSERVATION DIVISION Approved by: <i>ORIGINAL SIGNED BY JUDY BAGWELL FIELD REP. II</i>	
Printed name: Judy Bagwell		Title:	
Title: Supt. Staff Office Asst.		Approval Date: SEP 24 1998	
Date: 9-15-98 Phone: 713-431-1120			
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

IF THIS IS AN AMENDED REPORT CHECK THE BOX LABLED
"AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes 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
product changes.

Form C-104 must be filed for each pool in a multiple
completion.

Improperly filled out or incomplete forms 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. Reason 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 States 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
MO/DA/YR that this completion was first connected to a
gas transporter
14. 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 this
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. Inside diameter of the well bore
31. Outside diameter of the casing and tubing
32. Depth of casing and tubing. If a casing liner show top and
bottom.
33. 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.
34. MO/DA/YR that new oil was first produced
35. MO/DA/YR that gas was first produced into a pipeline
36. MO/DA/YR that the following test was completed
37. Length in hours of the test
38. Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells
39. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells
40. Diameter of the choke used in the test
41. Barrels of oil produced during the test
42. Barrels of water produced during the test
43. MCF of gas produced during the test
44. Gas well calculated absolute open flow in MCF/D
45. The method used to test the well:
F Flowing
P Pumping
S Swabbing
If other method please write it in.
46. 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
47. 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