District 1 PO Box 1980, Hobbs, NM 82241-1980 District II

State of New Mexico Energy, Mineran & Natural Resources there

Form C-104 Revised February 10, 1994

"O Drawer DD, Artenia, NM \$2211-8719 District III

Instructions on back

OIL CONSERVATION DIVISION

| 1000 Rio Braza   | = Rd., Ana               | L NM 87410              |   | PO Box 2088<br>Santa Fe, NM 87504-2088 |               |  |  |             |                     | 5 Copies       |                       |                    |  |  |
|--|--------------------------|-------------------------|---|--|---------------|--|--|-------------|---------------------|----------------|-----------------------|--------------------|--|--|
| District (V<br>PO Box 2008,  | Santa Fa. Ni             | W 87504.2000            |   | Janta                                  | re, M         | A 8/304                                  | 1-2088   | \$          |                     |                | 1 43.00               | •                  |  |  |
| I.   | F                        | EQUES                   | T FOR A   | LLOWA                                  | BLEA          | ND AT                                    | ורעדרו   | ጋኒርን ለ ጥነ   | TOT NO              | <br>           | AME                   | INDED REPORT       |  |  |
| Exxor  | Corp.                    |                         | Operator a  | ans and Addr                           |               | ND AC                                    | 11101  | UZATI       | ON TO T             |                |                       |                    |  |  |
| P.0.   |                          |                         |   |  |               | OOZEZ                                    |  |             |                     |                |                       |                    |  |  |
| Midland, Texas 79702   |                          |                         |   |  |               |  |  |             |                     |                | 007673                |                    |  |  |
| 200  |                          |                         | A1  | rsha Wi                                | lcon \        |  |  |             |                     |                |                       |                    |  |  |
| 30 - 045-  | API Number               |                         | ' Poel Name   |  |               |  | CG Effective 05/01/96  |             |                     |                |                       |                    |  |  |
| 30 - 045 - 35381   |                          |                         | WANTZ Abo   |  |               |  |  |             |                     | 62700          |                       |                    |  |  |
| 004198   |                          |                         | WANTZ Abo<br>Propersy Name<br>NEW MONIED - S- STATE |  |               |  |  |             | ' Well Number       |                |                       |                    |  |  |
| II. 10 Surface Location  |                          |                         |   | <u>-S-</u> ,                           | -S- STATE     |  |  |             |                     | 35             |                       |                    |  |  |
| Ul or lot no.  | Section                  | Township                | Range   | lot.ida                                | 15            |  |  |             |                     |                |                       |                    |  |  |
| A  | A 02 22                  |                         | 6 20  |  |               | h / 4                                    |  |             |                     | 1              | East/West line County |                    |  |  |
| 11 Bottom  |                          | Hole I o                | Ocation   |  |               | 760 NERTH                                |  |             | 500                 | EAS            | ア                     | LEA                |  |  |
| UL or iot no.  | UL or iot no. Section To |                         |   | Lot ide                                | Foot fre      |  |  |             |                     |                |                       |                    |  |  |
|  |                          |                         |   |  | Lour its      | om the                                   | North/   | South line  | Foot from the       | East/West line |                       | County             |  |  |
| " Las Code   | " Produc                 | ing Mathed C            | ode 14 Gar  | Connection D                           | ete i i i     | C-129 Pers                               | - N  |             |                     | <u> </u>       |                       |                    |  |  |
| S  |                          | F                       |   | 5/1/96                                 |               | - : • / स्प्राह्म                        | - 178200   | ·   "       | C-129 Effective     | Date           | " C-1                 | 29 Expiration Date |  |  |
| III. Oil a   | nd Gas                   | Transpor                | rters   |  |               | <u> </u>                                 | <del></del>  |             |                     |                |                       |                    |  |  |
| Transpe  | Transporter<br>OGRID     |                         | Transporter   | <sup>11</sup> POD <sup>11</sup> O/G    |               |  | ll page  |             |                     |                |                       |                    |  |  |
| 022345   |                          | Texaco E&P Inc.         |   |  |               | 5.0                                      |  |             | POD ULSTR Learner - |                |                       |                    |  |  |
|  |                          | P.O. Box 1137           |   |  |               | 0949830 G                                |  |             | A-02-225-37E        |                |                       |                    |  |  |
|  |                          |                         | NM 882:   | 31                                     | <b>?</b>      |  |  |             |                     |                |                       |                    |  |  |
|  |                          |                         | S - NEW NEXICO PL CO.                               |  |               |  | 2.0  |             | - NM-S-STATE T/8 #5 |                |                       |                    |  |  |
| E z · · · ·  |                          | EX 421                  |   |  |               | 0949810 0                                |  |             | Same of GAS.        |                |                       |                    |  |  |
| DUUS TEN   |                          | ous rew                 | TX. 77242-2130                                      |  |               | en e |  |             | Survive Cost (CH).  |                |                       |                    |  |  |
| 1.   |                          |                         |   |  |               |  |  |             |                     |                |                       |                    |  |  |
| *  | •                        |                         |   |  |               |  |  |             |                     |                |                       |                    |  |  |
|  |                          |                         |   |  |               |  |  |             |                     |                |                       |                    |  |  |
| Same of Same o | :                        |                         |   |  | <b>.</b>      |  |  |             |                     |                |                       |                    |  |  |
| IV. Prod   | uced W                   | ater                    |   |  | ÷             |  |  |             |                     |                |                       |                    |  |  |
|  | POD                      |                         |   |  |               | M === ==                                 |  |             |                     |                |                       |                    |  |  |
| 09498  | 50                       |                         | Di  | me W                                   | GAS.          | - FOD UL                                 | SIK Lec  | nten and D  | escription.         |                |                       |                    |  |  |
| V. Well  | Comple                   | tion Data               |   | <del></del>                            |               |  |  | <del></del> |                     |                |                       |                    |  |  |
| " Sp   | Speed Date               |                         | M Ready Date  |  |               | מד יי                                    |  |             | " PETD              |                |                       |                    |  |  |
|  |                          |                         |   |  |               |  |  | 1515        |                     | 19             | Performises -         |                    |  |  |
| M Hole Size  |                          | 11 Casing & Tubing Size |   |  | 2 Depth Set   |  |  |             |                     | 96.1           | " Sacis Commu         |                    |  |  |
|  |                          |                         |   |  |               |  |  |             |                     |                |                       |                    |  |  |
|  |                          | ·                       |   |  |               |  |  | <del></del> |                     |                |                       |                    |  |  |
|  |                          |                         |   |  |               |  |  | -           |                     |                |                       |                    |  |  |
|  |                          |                         |   |  |               |  |  |             |                     |                |                       |                    |  |  |
| VI. Well   | Test Da                  | ata                     |   |  |               |  |  |             |                     |                |                       |                    |  |  |
| Date !   | - Ol                     | " Gas E                 | divery Date   | <b>M</b> 9                             | Cost Date     | <del></del>                              | <b>Π Τ</b> !   |             | · ·                 | <del></del> -  | <del></del> -         |                    |  |  |
|  |                          |                         |   |  |               |  | " Test Longth .  |             | M The Present       |                |                       | » Cag. Francis     |  |  |
| " Chek   | e dias                   |                         | 4 Og 4  |  | Water         |  | " Ges-   |             |                     |                |                       |                    |  |  |
|  |                          |                         |   |  |               | <b>G46</b> ~                             |  |             | ~ AOF               |                |                       | " Yest Method      |  |  |
| " I hereby core  | fy that the n            | um of the Oil           | Conservation  | Division asve b                        | con commu     |  |  |             |                     |                |                       |                    |  |  |
| with and that it<br>knowledge and  |                          | STYCE ADOVS             | te true sout con                                    | orphisms to the be                     | a of my       |  | 0  | IL COI      | NSERVAT             | ת מסו          | IVISI                 | ON                 |  |  |
| Signamer   | 177                      |                         | a + a   |  | Approve       |  |  |             |                     |                |                       |                    |  |  |
| Prison Marsha Wilson   |                          |                         |   |  |               |  | Approved by ORIGINAL SIGNED BY SELECT BUSINESS B |             |                     |                |                       |                    |  |  |
|  |                          |                         |   |  |               |  |  |             |                     |                |                       |                    |  |  |
| Staff Office Assistant  Des $4-24-41$ Proof(015) 600 7071  |                          |                         |   |  |               | Approvad Date: MAY 0 2 1996              |  |             |                     |                |                       |                    |  |  |
|  |                          |                         | 17000(9   | 15) 688-                               | -7871         |  |  |             |                     |                |                       |                    |  |  |
| "If this is a c  | <del></del>              |                         | OCRID :   | STATE SALES                            | no of the per | want open                                | -  |             |                     |                |                       |                    |  |  |
|  | Previous                 | )persear aigs           | disce ·   |  |               |  |  |             |                     |                |                       |                    |  |  |
|  |                          |                         |   |  |               | Pylone                                   | d Name :   |             |                     | TV             | la.                   |                    |  |  |

## New Mexico Oil Conservation Division C-104 Instructions

F 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 silowable 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 weeks.

Fill out only sections i, E. W. 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 forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Resean for filing code from the following table: 3.

  - NW New Well
    RC Recompletion
    CH Change of Operator
    AO Add elifoondensate transporter
    CD Change oil/condensate transporter
    AG Add gas transporter
    AG Add 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.
- The name of the pool for this completion 5.
- 6. The pool code for this pool
- 7. The property sode for this completion
- The property name (well name) for this completion 8.
- 9. The well number for this completion
- 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. 10.
- 11. The bottom note location of this completion
- Lease code from the following table:
  F Federal
  S State 12.

  - Fee Jicarille

  - Navaio Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table: Flowing Pumping or other stufficial lift
- MO/DAYR that this completion was first connected to a 14.
- 15. The permit number from the District approved C-129 for this completion
- MO/DA/VR of the C-129 approval for this completion 16.
- MO/DA/YR 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 transperted by this transporter. If this is a new well or recombision 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:

  O Oil
  G Gae:

Section 1

- 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.) 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 number the district office will assign a number and write it here. 23.
- 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.) 24.
- 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 casi shoe and TD if openhole
- 30. Incide diameter of the well bore
- Outside diameter of the casing and tubing 31.
- 32. Depth of casing and tubing. If a casing liner show top and
- 33. Number of sacks of cament 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
- MO/DA/YR that gas was first produced into a pipeline 35.
- 36. MO/DA/YR that the following test was completed
- 37. Langth in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells-38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells-39
- 40. Diameter of the choke used in the tegen
- 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
- The method used to test the well:
  F Flowing
  P Pumping
  S Swebbing

  - S Swebbing
    If other method please write it in.
- The signature, printed name, and titles of the percent suthorized to make this report, the date-this report was signed, and the telephone number to call for question about this report
- The previous operator's name, the signature, printed mand title of the previous operator's representation and title of the previous operator ne to operate this completion, and the date: this report signed by that person 47