District ( FO Box 1980, Hobbs, NM 23241-1988 District II TO Drawer DD, Artenia, NM 53221-0719 District III 1008 Ris Brams Ed., Astor, NM 57618			-0719	State of New Mexico Energy, Mineres & Natura Rassing Department OIL CONSERVATION DIVISION PO Box 2088					ION	Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies			
District IV PO Baz 2008, Santa Fe, NM 87504-2008 -				Santa Fe, NM 87504-2088							<u> </u>	·	
Ι				OR AL	LOWA	BLE A	ND AI	ITHOR	217 A TI	ION TO TH		MENDED REPORT	
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		600, 1								007673			
mirara	ina, i	exas	/9/02	)2 Attn: Marsha Wilson 🏾 🕅					* Renews for Filing Code				
	API Num			Pool Name					CG Effective 05/01/96				
30 - 045- 5456 'Property Code 004198 II. <sup>10</sup> Surface Location				UANTZ Abo Property Name NEW MEXILO - S- STATE						' Poel Code			
										34 BU			
Ul or iot no.	Suriac		Township Rame Lot Ide									JUU	
B	02	2	25	37E			<b>3</b> 0	1		_	East/West H		
<sup>11</sup> Botto				on3			3C NORTH			1810 EAST		LEA	
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S		bacing Mal	bed Code	-	Canadian D	hate ii	C-129 Pen	nit Numbe	"	C-129 Effective	Date i	C-129 Expiration Date	
III. Oil a	nd Ga	s Tran	SDOFTer		5/1/96								
OGRID	etter .		"Tri	Transporter Name				OD	<sup>н</sup> О/G				
022345		Texaco E&P Inc.								" POD ULSTR Leannes - und Description			
		Ρ.Ο.	P.O. Box 1137				0949830		G	A-12	2,25 - 37	25-37E	
		Eunice, NM 88231				2				- N'M - S-STATE T/8 #5			
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المينية. محمد المحمد ا	:												
IV. Prod	uced \	Water				*							
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VI. Well			Gas Dalin	- 0	·						<u> </u>		
				-y Uile		Test Date		" Test L	angsin .	* Tbg. P		" Cag. Pressere -	
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knowledge and Signament	ocuer.					SEL OF BUY		0	IL CO	NSERVAT	ION DIV	ISION	
1 Drushalling								Approved by: ORIGINAL SIGNED BY JE BY SEXTON					
Marsha Wilson								Tule: DISTRICT ! SUPERVISOR					
Take Staff Office Assistant Dete: $4 - 24 - 41c$ Phone: (915) 688-7871							Аррго	Approval Date. MAY 0.2. 1996					
Dete: 4.	24	- 44	2	Phone: 91	5) 688-	-7871			·		<u>MAY</u>	U.A. 1996	
" If this is a c	<b>ning</b> e ef	openeer f	ii. In the C	GRID and	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ne of the pr	oviene eșe						
	Previe	n Operan	L. Nigname	• •				and Man					
							170	nes Name -	-		Title	Dete	

## 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 ellowable 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 carufications for changes of operator, property name, well number, transportar, or other such changes.
- A separate C-104 must be filed for each pool in a multiple
- 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 essigned and filled in by the District office. 2. з.
  - Resean for filing code from the following table: NW New Woll 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

    - NW New Well RC Recompletion CH Change of Operator AO Add oil/condensate transporter CO Change oil/condensate transporter AG Add gas 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
- 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:

12.

- Federal

SP

- State Fee Jicarilla
- Ň
- Navaio Ute Mountain Ute 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 this completion was first connected to a 088 transporter
- 15. The permit number from the District approved C-129 for
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17.
- The gas or oil transporter's OGRID number 18.
- 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 west or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- 21 duct code from the following table: Oil -Gas.

- The ULSTR location of this POD If it is different from the well completion location and a short desonation of the POD [Example: "Battery A", "Jones CPD", atc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recomplication and this POD has no number the district office will assign a number and write it have. 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
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Physical vertical death
- 29. Top and bottom perforation in this completion or casi shoe and TD if openhole
- Incide diameter of the well bore -30.
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- 33 Number of secks 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.

- MO/DA/YR that new oil was first produced 34.
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- Length in hours of the test 37.
- Flowing tubing pressure oil wells Shut-in tubing pressure ges wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the ter
- 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 Swebbing If other method please write it in.
- The signature, printed name, and title-of the person suthorized to make this report, the data-ship report was signed, and the telephone number-to call for questions about this report 46.
- The previous operator's name, the signature, printed no and title of the previous operator's represent suthorized to verify that the previous-operator no to operates this completion, and the date: this report signed by that person 47. r ne longer

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<u>ب</u> 2.4