

District II
PO Drawer 8D, Artesia, NM 88211-8719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

C CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

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
API Number 30-025-25457		Pool Name WANTZ ABC	Pool Code 62700
Property Code 004198	Property Name NEW MEXICO S STATE (DHC # 769)		Well Number 37

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
C	02	22S	37E	-	330	NORTH	1980	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

Lee Code S	Producing Method Code P	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
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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	09498301		A-02-22S-37E NM-S-STATE T/B #5
022628	Texas-New Mexico PL Co. Box 42130 Houston, TX 77242-2130	0989410	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	PSTD	Perforations

Hole Size	Casing & Tubing size	Depth Set	Seals Cement

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOI	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: *Judy Bagwell*

Printed name: Judy Bagwell

Title: Supt. Staff Office Asst.

Date: 9-15-98

Phone: 713-431-1020

OIL CONSERVATION DIVISION

Approved by:

SIGNED BY
BOB WINK
FIELD REP. II

Title:

Approval Date:

SEP 24 1998

* 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 LABELED "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.

Sections I, II, III, IV, and the operator certifications for operator, property name, well number, transporter, or changes.

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 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.

The API number of this well
4. The name of the pool for this completion
5. The pool code for this pool
6. The property code for this completion
7. The property name (well name) for this completion
8. The well number for this completion
9. 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. The bottom hole location of this completion
11. Lease code from the following table:

F	Federal
S	State
P	Fee
J	Jicarilla
N	Navajo
U	Ute Mountain Ute
I	Other Indian Tribe
12. The producing method code from the following table:

F	Flowing
P	Pumping or other artificial lift
13. 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
15. MO/DA/YR of the C-129 approval for this completion
16. MO/DA/YR of the expiration of C-129 approval for this completion
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 well or recompletion and this POD has no number the district office will assign a number and write it here.
20. Product code from the following table:

O	Oil
G	Gas

21. 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 the 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 short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
 24. MO/DA/YR drilling commenced
 25. MO/DA/YR this completion was ready to produce
 26. Total vertical depth of the well
 27. Plugback vertical depth
 28. Top and bottom perforation in this completion or casing shoe and TD if openhole
 29. Inside diameter of the well bore
 30. Outside diameter of the casing and tubing
 31. Depth of casing and tubing. If a casing liner show top and bottom.
 32. 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.
33. MO/DA/YR that new oil was first produced
 34. MO/DA/YR that gas was first produced into a pipeline
 35. MO/DA/YR that the following test was completed
 36. Length in hours of the test
 37. Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells
 38. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells
 39. Diameter of the choke used in the test
 40. Barrels of oil produced during the test
 41. Barrels of water produced during the test
 42. MCF of gas produced during the test
 43. Gas well calculated absolute open flow in MCF/D
 44. The method used to test the well:

F	Flowing
P	Pumping
S	Swabbing

If other method please write it in.
 45. 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
 46. 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