Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III

DISTRICT III

DISTRICT III

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		·• · · · ·					We	II API No.			
•	nv							30-025-03	323		
Xeric Oil & Gas Compan	ily										
P. O. Box 51311, Midla	and Te	exas 7	9710								
Reason(s) for Filing (Check proper box)	unu, ic	<u>, </u>	3710		Out	et (Please expl	ain)				
New Well		Change in	Transpo	orter of:							
Recompletion	Oil		Dry G						•		
Change in Operator	Caringhea	_	Conde		(Effective November 1, 1989)						
			um C	o Inc	500	J Tayas	Sto	1485, Mi	dland.	TX 79701	
and address of previous operator Idilic II. DESCRIPTION OF WELL			uiii C	U., 111C	., 500	n. ichus	, 500.	1100, 111	414114	<u> </u>	
Lease Name	AND DE	Well No.	Pool N	ame, Includ	ing Formation		Kir	nd of Lease	L	ease No.	
South Pearl Queen Uni	+	17 Pearl Quee							Mc Federa Dor Fee LC 060881		
Location		J		, , , , , , ,							
Unit Letter P	. 66	50	Foot Pr	om The SC	outh Lin	e and 660		Feet From The	East	line	
UNI DELET	_ · <u>_</u>		100.11	OII 150							
Section 4 Townshi	p 20-S	S	Range	35-E	, N	MPM,	Lea			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OI	LAN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	$\overline{\alpha}$	or Condens	raie		1			red copy of this f		_	
Shell Pipe Line Company	У							ton, Texa			
Name of Authorized Transporter of Casing		\square	or Dry	Ces	1			red copy of this f			
Warren Petroleum Corpo	<u>ration</u>			_,				<u>a, Oklaho</u>	<u>ma 7410</u>	JZ	
If well produces oil or liquids,	Unit	•	Twp.	Rge	1	y connected?		ea ?	1 1061		
rive location of tanks.	17		<u> 20-S</u>		Yes			February	1, 1961		
If this production is commingled with that	from any oth	per lease or p	ood, giv	e comming	ing order num	ber:					
IV. COMPLETION DATA									<u> </u>		
Designate Time of Completion	\sim	Oil Well	10	Jas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		1			Total Depth	<u> </u>	1	1,,,,,,,	<u> L</u>	_L	
Date Spudded	Date Com	pl. Ready to	rroa.		Total Depts			P.B.T.D.			
	N	- A - S - E -			Top Oil/Cas	Pav		Tubias Dan	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation									
Estados (St. Hars, W.) ON, St.)			-		1.00	,		. wing bop	_		
					100 03 03						
Perforations				 	100000			Depth Casir			
	·			NG AND			D				
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			CASII					Depth Casin		ENT	
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Perforations		rubing,	CASII			NG RECOR		Depth Casin	ng Shoe	ENT	
Perforations HOLE SIZE	CA:	rubing, sing & Tu	CASII BING S			NG RECOR		Depth Casin	ng Shoe	ENT	
HOLE SIZE /. TEST DATA AND REQUES	CAS	FUBING, SING & TU	CASII BING S	SIZE	CEMENTI	NG RECOR DEPTH SET		Depth Casia	SACKS CEM		
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.