

COUNTY ROOSEVELT FIELD Milnesand STATE NM EX 10179 OWDD
 OPR PAN AMERICAN PET. CORP. MAP
7 Horton Federal
Sec 30, T-8-S, R-35-E CO-ORD
330' FNL, 2241' FEL of Sec.

	CLASS		EL	
	FORMATION	DATUM	FORMATION	DATUM
Re-Cmp 11-23-68				
CSG & SX - TUBING				
8 5/8" at 412' w/225 sx				
4 1/2" at 4696' w/200 sx				
LOGS EL GR RA IND HC A				
	TD 4732'			

(San Andres) Perfs & OH 4674-4732' NO NEW POTENTIAL

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CONT. PROP DEPTH 4732' TYPE RT
 DATE

F.R.C. 12-12-68
 PD 4732' RT
 (Orig. comp 7-8-64 thru perfs 4674-88', OID
 4696', OPB 4693')
 12-9-68 TD 4732'; COMPLETE
 Deepened from 4696' to 4732'
 Acid (4696-4732') 5000 gals
 12-12-68 COMPLETION REPORTED

Submit 5 Copies
 Appropriate District Office
DISTRICT I
 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

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator <u>CORP</u> <u>XERIC OIL & GAS COMPANY</u>	EFFECTIVE 5-27-97	Well API No. 30-041-10129
Address P. O. Box 51311, Midland, TX 79710		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Injection Well
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Effective January 1, 1993
Change in Operator <input checked="" type="checkbox"/>		
If change of operator give name and address of previous operator <u>FINA OIL AND CHEMICAL COMPANY</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Horton Federal</u>	Well No. <u>7</u>	Pool Name, including Formation <u>Milnesand San Andres</u>	Kind of Lease State <u>(Federal)</u> or Fee	Lease No. <u>NMNM0145685</u>
Location Unit Letter <u>B</u> : <u>330</u> Feet From The <u>North</u> Line and <u>2241</u> Feet From The <u>East</u> Line Section <u>30</u> Township <u>8S</u> Range <u>35E</u> , <u>NMPM</u> , <u>Roosevelt</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When?

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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 GARY S. BARKER V.P.
 Printed Name GARY S. BARKER V.P. Title _____
 Date 1-22-93 Telephone No. 915-683-3171

OIL CONSERVATION DIVISION
JAN 27 1993

Date Approved _____
 By Paul Kautz
 Title Geologist

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.