

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

State of New Mexico  
 Energy, Minerals and Natural Resource Department

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

**OIL CONSERVATION DIVISION**

P. O. Box 1088

Santa Fe, New Mexico 87504-2088

**DISTRICT II**

P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd., NM 87410

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

Operator <b>MAERSK ENERGY Inc.</b>	Well API No. 30-041-10160 ✓
Address 2424 Wilcrest, Suite 200, Houston, Texas 77042-2753	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transport of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
	Casinghead Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator Xeric Oil & Gas Company, P. O. Box 51311, Midland, Texas 79710

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Milnesand Unit	Well No. 519	Pool Name, Including Formation Milnesand-San Andres	Kind of Lease State, <u>Federal</u> or Fee	Lease No. LC 062178
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line NE SE Section <u>25</u> Township <u>8S</u> Range <u>34E</u> NMPM County <u>Roosevelt</u>				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Prime Marketing &amp; Transportation, Inc. Pride Petroleum Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>1600 Smith Street, Houston, Texas 77002</u>			
Name of Authorized Transport of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 13	Twp. 8S	Rgr. 34E
	If gas actually connected? YES		When? 4-1-58	

If this production is commingled with that from any other leases 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
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	
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.

Dorothy Duvall  
 Signature  
 Dorothy Duvall Tech. Admin. Asst., Regulatory Affairs  
 Printed Name  
 FEB 23 1993  
 Date  
 713/783-0376  
 Telephone No.

**OIL CONSERVATION DIVISION**

**MAR 23 1993**

Date Approved \_\_\_\_\_  
 By ORIGINAL SIGNED BY JILL D. BEXTON  
 \_\_\_\_\_  
 Title \_\_\_\_\_