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

hergy, Minerals and Natural Resources Departs

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

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	ANSF	PORT OI	_ AND NA	TURAL G	AS W	NO. NO.			
Operator			- 1	API No. 0_025_03	0-025-03342						
Xeric Oil & Gas Compa		00 020 00012									
P. O. Box 51311, Midla	and, Tex	kas 7	79710)		···					
Reason(s) for Filing (Check proper box)		_	_		☐ Out	et (Please expl	lain)				
New Well	Oil	Change in	Dry C								
Change in Operator	Casinghead	Gas 🗌		_		(Effe	ctive No	ovember	1, 1989)		
If change of operator give name and address of previous operator Tame	arack Pe	etrole	eum (Co., Ind	., 500	W. Texas	, Ste.	1485, Mi	dland, T	X 79701	
·											
IL DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease										ease No.	
South Pearl Queen Unit 21 Pearl Queen						en State;			Federal or Fee LC 065649		
Location	220					cc	^		Maak		
Unit LetterD	: 330) 	_ Feet F	rom The	orth Lin	e and660	<u> </u>	et From The	West	Line	
Section 10 Township 20-S Range 35-E NMPM, Lea County											
Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent)											
Shell Pipe Line Company P. O. Box 2648, Houston, Texas 77252									1		
Name of Authorized Transporter of Casinghead Gas						e address to w	hich approved	copy of this form is to be sent)			
	rren Petroleum Corporation							Oklahoma 74102			
If well produces oil or liquids, give location of tanks.	Unit	Sec. 4	Twp 120=9	1 Rge.			,	WA N/A			
If this production is commingled with that i	from any other	r lease or	1 =		ing order num	ber:					
IV. COMPLETION DATA		<u>,</u>			<u> </u>		-, 		······	- ,	
Designate Type of Completion	- (20)	Oil Well		Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	. Ready to	dy to Prod.		Total Depth			P.B.T.D.	 .		
Elevations (DF, RKB, RT, GR, etc.)	rations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing					
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE CASING & T						DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUES									4 4.II 44 k	\	
OIL WELL (Test must be after re Date First New Oil Rup To Tank	Date of Test	d volume	of load	oil and must	be equal to or Producing Me	exceed top aude whod (Flow, pu	emo, sas lift, e	ec.)	or juli 24 Nova	73.)	
Pere Lus Lees On You 10 1sux	Date of Tem					, and (0 10 11) p		,			
Length of Test	Tubing Pressure				Casing Press.	is.		Choke Size	Choke Size		
					Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Dois						
GAS WELL	<u> </u>							<u> </u>			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
								Choke Size			
Festing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choice Size				
VI OPERATOR CERTIFICA	TE OF	COMP	TIAN	JCF	<u> </u>						
VL OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					No.						
is the and compress to the test of my knowledge and bend.					Date	Approve	d	<u>NO</u>	NOV 1 5 1989		
Lall Com						By Orig. Signed by					
Signature Poul III					Paul Rautz						
Printed Name Title					Title			G	eologist		
11-7-89 915/683-3121											
Date	Visit 12 40 C	/ Telep	priorie in								

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.

RECEIVED

NOV . 9 1989

HOBBS OFFICE