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ISTRICT III XXX Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Departmen.

Form C-104 Revised 1-1-89 See Instructions
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Talls

OIL CONSERVATION DIVISION P.O. Box 2088

MAY 2 0 1991

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

O. C. D. ARTESIA, OFFICE

	TO TRANSPORT C	DIL AND NATURAL GAS	Well API No.	
Opensor Xeric Oil & Gas Co	ompany			
P.O. Box 51311,	Midland, TX 79710)	RECEIVED	
leason(s) for Filing (Check proper box) lew Well lecompletion	Change in Transporter of. Oil Dry Cas	Other (Please explain)	MAY 3 0 1991 O. C. D.	
Change in Operator	Casinghead Gas Condensate		Pa. Box 877 Wicher	
change of operator give name of address of previous operator	eneral Operat	(ompay 1	0.BX 877 Wiches	
I. DESCRIPTION OF WELL	AND LEASE			
G-J Unit Trac	1 314 11 Min - 1 David Min-ma loca	lluding Formation rg-Jackson-SR-Q-G-S	Kind of Lease No. State, Fodera or Fee LC029020g	
Location Unit LotterK	_ :1980 Feel From The	Southur and 1980	Feet From The West Line	
		O-E NMPM Eddy	County	
TO DESIGNATION OF TRAN	SPORTER OF OIL AND NA	TURAL GAS		
Name of Authorized Transporter of Oil Navajo Refining C	or Condensate	P.O. Box 159,		
Name of Authorized Transporter of Casin	ghead Gas or Dry Gas	Address (Give address to which a	pproved copy of this form is to be sent)	
If well produces oil or liquids, ive location of tanks.	Uait S∞ Twp F	Rge Is gas actually connected?	When ?	
	from any other lease or pool, give comm	ningling order number		
V. COMPLETION DATA	Oil Well Gas Wel	II New Well Workover D	cepen Plug Back Same Res'v Diff Res'v	
Designate Type of Completion Data Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Oas Pay	Tubing Depth	
erforations			Depth Casing Shoe	
	TUBING, CASING A	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	CEPTH SET	SACKS CEMENT	
			- 10 f F 6 7 5	
			1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
. TEST DATA AND REQUES IL WELL (Test must be after r. Pale First New Oil Rup To Tank	ecovery of local volume of local outsina n			
	Date of Test	Producing Method (Flaw, pump, g	Choke Size	
ength of Test	Tubing Pressure	Casing Pressure		
ctual Prod. During Test	Oil - Bois.	Water - Bbis	Gus- MCF	
GAS WELL				
ciual Prod. Test - MCF/D	Length of Test	Boil Consense MMCF	Gravity of Condensate	
sung Method (puot, back pr.)	Tubing Pressure (Shui-in)	Caoing Pressure (Shul-In)	Choke Size	
I. OPERATOR CERTIFIC	ATE OF COMPLIANCE			
I hereby certify that the rules and regula Division have been complied with and to	ations of the Ou Conservation that the information given above	OIL CONSE	ERVATION DIVISION	
is true and complete to the best of my k	nowledge and belief	Date Approved _	JUN - 3 1991	
	$\leq L$	- I D.		
Signature Gary S. Barker Operations Mgr. Printed Name Title		MIKE WILL	MIKE WILLIAMS	
May 13, 1991	915-683-3171	Title <u>SUPERVIS</u>	OR, DISTRICT IF	

INSTRUCTIONS: This form is to be filed in compliance with king 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 fulled 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