Submit 5 Copies Appropriate District Office DISTRICT 1 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

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

P. O. Box 1088 Santa Fe, New Mexico 87504-2088

DISTRICT III

REQUEST FOR ALLOWABLE AND AUTHORIZATION 1000 Rio Brazos Rd., NM 87410 TO TRANSPORT OIL AND NATURAL GAS

Operator MAERSK ENERGY Inc.	Well API No. 30-041-00089														
Address 2424 Wilcrest, Suite 200, Houston, Texas 77042-2753															
f change of operator give name	Cha Il isinghead		}	Dry Conde	nsate		· · · · · · · · · · · · · · · · · · ·	ease explain,							
and address of previous operator <u>Xeric</u> II. DESCRIPTION OF WELL A			npany,	P. Q. B	ox 5131	1,_N	lidland, Texas /	9/10			······································				
Lease Name Milnesand Unit	Well No. Pool Name, Inclu 38 Milnesan								d of Lease e Federal or Fee				se No. 060978	1	
Location Unit Letter O : 1980 Feet From The East Line and 660 Feet From The South Line SW SE Section 18 Township 8S Range 35E NMPM County Roosevelt II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS															
				AND	NATUI	$\neg$			<u> </u>		6.11.6				
Name of Authorized Transporter of Oil Sor Condensate Deliber Macketing & Transportation, Inc.							Address (Give address to which approved copy of this form is to be sent) 1600 Smith Street, Houston, Texas 77002 -								
Name of Authorized Transport of Casinghead Gas ⊠ or Dry Gas ☐ 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.		Jnit L	Sec. Twp. 18 8S		Rgr. 35E	If gas actually co			'ES	When? 7-22-65					
If this production is commingled with tha IV. COMPLETION DATA	t from ar	ny other	leases	or pool,	give con	nming	ling order numbe	r:						-	
Designate Type of Completion - (X)	Oil Well		G	as Well	New '	Well	Workover	Deepen	Piu	g 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									
TURING CASING AND							CEMENTING RECORD								
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				'F	DEPTH SET				SACKS CEMENT					
						-									
				•											
			011/	DIE											
V. TEST DATA AND REQUES OIL WELL (Test must be after reco	ST FOR very of to	K ALL otal volu	,OW P ume of	NBLE load oil a	nd must	be eq	qual to or exceed	top allowab	le for i	this depth	or be for fu	Ц 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.						OIL CONSERVATION DIVISION  Date Approved MAR 2 3 1993									
Signature Dorothy Duvall Tech.Admin.Asst., Regulatory Affairs						By ORIGINAL SENSE BY ISSUE SEXTON									
Printed Name FEB 2 3 1993	713/7	783-037					Title				<del></del> -				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
   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.