State of New Mexico
Energy, Minerals and Natural Resources Department

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 1-1-89
See Instructions at Back

RECEIVED MAY 20 1991 MAY 30 1991
O.C.D. ARTESIA. OFFICE   O.C.D. ARTESIA, OFFICE

I.

Well API No.

Operator
Xeric Oil & Gas Company

Address
P.O. Box 51311, Midland, TX 79710

Reason(s) for Filing (Check proper box)

New Well	☐		Change in Transporter of		Other (Please explain)
Recompletion	☐	Oil ☐	Dry Gas ☐		
Change in Operator	☒	Casinghead Gas ☐	Condensate ☐		

If change of operator give name and address of previous operator: *General Operating Company P.O. Box 877 Wichita Falls, TX. 76307*

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
G-J Unit Tract 6	5	Grayburg-Jackson-SR-Q-G-SA	Federal	LC028992b

Location

Unit Letter __G__ : __1650__ Feet From The __North__ Line and __1650__ Feet From The __East__ Line

Section __27__ Township __17-S__ Range __30-E__ NMPM __Eddy__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate ___	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	P.O. Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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   Operations Mgr._

Printed Name | **Title**

Date May 13, 1991 | 915-683-3171

Telephone No.

OIL CONSERVATION DIVISION

Date Approved __JUN - 3 1991__

By __ORIGINAL SIGNED BY__
MIKE WILLIAMS

Title __SUPERVISOR, DISTRICT II__

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.