DISTRICT I PO Box 1980, Hobbs, NM 88241-1980

DISTRICT II PO Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

	Form C-1 ised February 10, 19 Instructions on ba propriate District Off 5 Cop	ock of
	AMENDED REPO	RT

TRICT IV Box 2088, Santa Fe, NM 875	04-2088	OD ALLOW	ADIE AND	ΛΙΙΤΗΩ ΡΙ ΖΔ	ΤΙΟΝ Τ	TRANSPO	RT	
REQ		JR ALLUW rator name and Ad) AUTHORIZA		OGRI	D Number	
XERIC OIL AND	-					02548		
P O BOX 51311 MIDLAND, TX						Reason fo	Effec. 9/1/95	
API Number 30-015-04410			ol Name N GRAYBURG	SA		Pool Code 39520		
Property Code Prop				erty Name			Well Number 005	
801305 0173 Surface Location	535 on		reucio	ai ivi				
or lot no Section Town		~	Feet from the 2310	North/South Line South	Feet from th	East/West Line	County Eddy	
Bottom Hole Lo	ocation				F . 6	e East/West Line	County	
or lot no Section Town		DE Lot.Idn	Feet from the 2310	North/South Line South	Feet from the 2310	East	Eddy	
F Producing Metho	od Code	Gas Connection	on Date	C-129 Permit Number	C-12	9 Effective Date	C-129 Expiration Date	
. Oil and Gas Tr	ansporte	ers			г			
Transporter OGRID	Transporter Name and Address			POD	O/G		STR Location Description	
013063 Lantern		Corporation,		0450110	0			
P.O. Box	2281, Mic	dland, TX 7970	32	450130				
				400100		R	ECEIVED	
							SEP 1 2 1995	
						OIL	CON. DIV.	
v. Produced Wat	er			· · · · · · · · · · · · · · · · · · ·			DIST. 2	
POD 450150			PC	OD ULSTR Location ar	nd Description			
. Well Completi	on Data	Data Ready Date		TD		PBTD	Perforations	
Spud Date							See Le Company	
Hole Size	Casing & Tubing Size		& Tubing Size		Depth Set		Sacks Cement Part ID-3 9-24-94	
							the my	
I. Well Test Dat	a							
Date New Jil	Gas Delivery Date		Test Date	Test Len	ngth	Tbg. Pressure	Csg. Pressure	
Choke Size		Oil	Water	Gas		AOF	Test Method	
		servation Division	have been		NI CON	CEDVATIO	N DIVISION	
hereby certify that the rules of				(JIL CON	[SERVATIO]	A NYATOTON	
hereby certify that the rules o	ormation give		l complete to the			i i		
hereby certify that the rules of omplied with and that the information of my knowledge and believes to find the control of the	ormation give		i complete to the	Approved by:		SUPERVISOR, I	DISTRICT II	
hereby certify that the rules of complied with and that the information of my knowledge and belignature:	ormation give	n above is true and	d complete to the	Approved by:		SUPERVISOR, I	DISTRICT II	
hereby certify that the rules of omplied with and that the information of my knowledge and beligignature: Printed Name: RAND	ormation gives	n above is true and						
hereby certify that the rules of omplied with and that the information of my knowledge and believes of my knowledge and my knowledge and my knowledge and believes of my knowledge and my knowledg	PALL CAP	PS (915)683		Title:		SEP 14 199		
hereby certify that the rules of complied with and that the information of my knowledge and believest of my knowledge and my knowled	PALL CAP	PS (915)683	3-3171	Title: Approval Date				
hereby certify that the rules of omplied with and that the information of my knowledge and believes of my knowledge and my knowledge and my knowledge and believes of my knowledge and my knowledg	DALL CAP DENT Sator fill in the	PS (915)683	3-3171 and name of the p	Title: Approval Date				