

Submit 5 Copies
to the appropriate District Office
District I
P.O. Box 1980, Hobbs, NM 88240

District II
P.O. Drawer DD, Artesia, NM 88210

District III
P.O. Box Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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MAY 20 1991

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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

Operator Xeric Oil & Gas Company	Well API No. O. C. D. ARTESIA, OFFICE
Address P.O. Box 51311, Midland, TX 79710	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain)	
Change of operator give name and address of previous operator General Operating Company, P.O. Box 877 Wichita Falls, TX 76307	

DESCRIPTION OF WELL AND LEASE			
Well Name G-J Unit Tract 14	Well No. 1	Pool Name, including Formation Grayburg-Jackson-SR-Q-G-S	Lease No. B-2130
Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line Section 36 Township 17-S Range 30-E NMPM Eddy County			

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil Navajo Refining Company	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88210	
Name of Authorized Transporter of Gashead Gas	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Well produces oil or liquids, or location of tanks.	Unit	Sec	Twsp
			Rge
			Is gas actually connected?
			When?

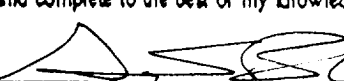
This production is commingled with that from any other lease or pool, give commingling order number

II. 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.
Measurements (DP, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay
			Tubing Depth
Other Information			Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE			
L WELL (Test must be after recovery of total volume of load on and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
Time 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

AS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCMCF	Gravity of Condensate
Producing Method (pump, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

III. 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 	
Printed Name Gary S. Barker	Operations Mgr.
Date May 13, 1991	Telephone No. 915-683-3171

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.