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1000 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

RECEIVED

DEC 27 1991

O. C. D.
ARTESIA OFFICE

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Xeric Oil & Gas Company		Well API No.
Address P.O. Box 51311 Midland, TX 79710-1311		
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of ☐ 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 Amoco	Well No. 1	Pool Name, including Formation Grayburg-Jackson	SR-Q- G-SA	Kind of Lease (State) Federal or Fee	Lessee No. B-2130-6 LG5665
Location Unit Letter C : 1980 Feet From The West Line and 660 Feet From The North Line Section 36 Township 17S Range 30E NMPM Eddy County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2256 Wichita, KS 67201					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit C	Sec 36	Twp 17S	Rge 30E	Is gas actually connected? Yes	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 on 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 pooled ID-3 1-10-92
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF 6 to log OP

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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** Vice President
Printed Name **GARY S. BARKER**
Date **12-24-91** Telephone No. **(915) 683-3171**

OIL CONSERVATION DIVISION

Date Approved **JAN 9 1992**

By **ORIGINAL SIGNED BY**

MIKE WILLIAMS

Title **SUPERVISOR, DISTRICT II**

INSTRUCTIONS: This form is to be filed in compliance with Rule 111.

- 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.

