Submit 5 Copies Appropriate District Office DISTRICT I	En	-		New Mexico Natural Resources Department		CEIVED	Form C-104
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Anssia, NM 88210	0	IL CONS		TION DIVISIO	ON 00	T 5'90	at Bottom of Page
DISTRICT III			, New M	exico 87504-2088		0. C. D.	
1000 Rio Brazos Rd., Aziec, NM 87410	REQUE	ST FOR AL		BLE AND AUTHORI		tesia, office	
I. Operator		/ INANOFY		AND NATURAL O		API No.	
Xeric Oil & Gas	Company.	/					·····
Address P.O. Box 51311 M		exas 79	710				
Reason(s) for Filing (Check proper box)		hange in Transpo	rter of:	Other (Please expl	ain)		
Recompletion	Oil	Dry Ga	• 🖸				
Change in Operator	Casinghead (D 0 Pox 2521	Midla	nd Toxa	70702
			Inc.	P.O. Box 3531	MIGIA	no rexas	5 19102
II. DESCRIPTION OF WELL Lesse Name		E (ell No. Pool Ni	ime. Includ	ing Formation	Kind	of Lease	Lease No.
Kenwood Federal				(Y.SR.Q.GB.)		Federal dr Fee	LC- 029387
Location	1.65	· • •		1.40	<u>.</u>		
Unit LetterK	_;165	Feet Fr	om The $_$	South Line and 149	<u> </u>	eet From The	VestLine
Section 19 Towns	hip T-18-S	Range	R-31	L-E , NMPM, Ed	dy		County
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil			<u>D NATU</u>				
Enron Oil Trading	11	Condensale portatio	\sum_{n} Co.	Address (Give address to wi P.O. Box 11			
Name of Authorized Transporter of Casi	nghead Gas (or Dry (Address (Give address to wi			
If well produces oil or liquids, give location of tanks.	<u>H</u> 5 198 31E			Is gas actually connected?	When	?	
If this production is commingled with the IV. COMPLETION DATA	from any other l		comming	ing order number:	l		
		il Well G	as Well	New Well Workover	l Deces	Dive Deals Jr.	
Designate Type of Completion	i - (X)	1		l í	Deepen	Plug Back S	ame Res'v Diff Res'v
	Date Compl. R	leady to Prod.		Total Depth		P.B.T.D.	·····
Elevations (DF, RKB, RT, GR, stc.) Name of Producing Formation				Top Oil/Ges Pay Tubing Depth			
Perforeijons				<u></u>		Depth Casing Shoe	
	TUE	ING, CASIN	GAND	CEMENTING RECORI	D		
HOLE SIZE CASING & TUB			BING SIZE DEPTH SET			SACKS CEMENT	
							ID-3 1-30
						7	an
. TEST DATA AND REQUES	T FOR ALL	OWABLE			- 4	7	1
DIL WELL (Test must be after r Date First New Oil Rup To Tank	ecovery of Iolal w	shume of load oil	and must b	e equal 10 or exceed top allow	vable for this	depth or be for .	full 24 hours.)
ING ING UN KUS IO IANK	Date of Test		1.	Producing Method (Flow, pun	φ. gas lift, el	ic.)	
Length of Test	Tubing Pressure			Casing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.		Gas- MCF	
GAS WELL			<u> </u>	······································			
vetual Prod. Test - MCF/D	Length of Test		I	bis. Condensate/MMCF		Gravity of Coad	len sale
sting Method (pilot, back pr.)	pr.) Tubing Pressure (Shui-in)			Casing Pressure (Shut-in)		Choke Size	
I. OPERATOR CERTIFICA	TE OF CO	MPLIANC	E				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information much above				OIL CONSERVATION DIVISION			
is true and complete to the best of my knowledge and belief.				Date Approved 0CT 1 7 1990			
Signature				By ORIGINAL SIGNED BY			
Garv S. Barker Operations Mgr.				MIKE WILLIAMS			
9-22-90 (915)683-3171 Tille				Title			
		Telephone No				un ti va dupor un une incerezzarene.	+ we also also also also also also also also
INSTRUCTIONS: This form	is to be filed						

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 All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.

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