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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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MAY 20 1991

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

MAY 30 1991

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"/> Other (Please explain)			
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator			

General Operating Company P.O. Box 877 Wichita Falls TX 76307

Lease Name G-J Unit Tract 7A		Well No. 2	Pool Name, including Formation Grayburg-Jackson-SR-Q-G-S	Kind of Lease State, Federal or Fee	Lease No. LC028992a
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>26</u> Township <u>17-S</u> Range <u>30-E</u> NMPM, <u>Eddy</u> County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company						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 Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>						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.

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									
Performances								Depth Casing Shoe									
TUBING, CASING AND CEMENTING RECORD																	
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT									
								<i>Asst 20-3 5-7-91 cls-op.</i>									

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

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 <i>[Signature]</i>	Operations Mgr.
Printed Name Gary S. Barker	Title 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 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.