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Appropriate District Office
[DISTRICT I]
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

[DISTRICT II]
O. Drawer DD, Artesia, NM 88210
[DISTRICT III]
000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

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MAY 20 1991

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MAY 30 1991

O. C. D.
ARTESIA, OFFICE

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ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Xeric Oil & Gas Company Well API No. _____

Address P.O. Box 51311, Midland, TX 79710

Reason(s) for Filing (Check proper box) Other (Please explain)
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Operator Casingshead Gas Condensate

Change of operator give name and address of previous operator General Operating Company P.O. Box 877 Wichita Falls TX 76307

I. DESCRIPTION OF WELL AND LEASE

Lease Name G-J Unit Tract 6 Well No. 4 Pool Name, including Formation Grayburg-Jackson-SR-Q-G-S Kind of Lease State, Federal or Fee Lease No. LC028992b

Location Unit Letter B : 330 Feet From The North Line and 1650 Feet From The East Line
Section 27 Township 17-S Range 30-E NMPM, Eddy County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Navajo Refining Company P.O. Box 159, Artesia, NM 88210

Name of Authorized Transporter of Casingshead Gas or Dry Gas 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: _____

V. 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
			<u>Part 11-3</u>
			<u>5-7-91</u>
			<u>Chgs Op</u>

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 _____

Actual Prod. During Test Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF _____

GAS WELL

Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MCF _____ Gravity of Condensate _____

Casing Method (pilot, 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 Gary S. Barker Operations Mgr.
Printed Name _____ Title _____
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.