Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

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

## State of New Mexico E 39, 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

DISTRICT III 1000 Rio Brazon Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

e	- AND NA	I UMAL GA	Wally	Pl No.		<del></del> -					
Xeric Oil & Gas Company											
Address P. O. Box 51				Texas	79710						
Reason(s) for Filing (Check proper box)	J + 4 14.	_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			∑ Oth	er (Please expla	in)	<del> </del>			
New Well		Change in				en= 1 =					
completion Di Dry Gas U TA'd											
Change is Operator		d Gas 🗌									
•			ing	Corp.	P. O.	Box 911	Breck	enridg	e, Tex	as 76424	
II. DESCRIPTION OF WELL A	AND LE	ASE	In ·	M	: E	**************************************	V:-4-	(Lesse Fe	ر امر	zase No.	
Lease Name Well No. Pool Name, Includi Milnesand Unit 152 Milnesa					-	1	e, Federal or Fee				
Location Unit LetterK	:1	980	. Feet I	From The	outh Lin	e and <u>198</u>	30 Fa	et From The	West	Line	
NE SW Section 12 Township 8S Range 34E						, NMPM, Roosevel				County	
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		R OF O		ND NATU	RAL GAS	e address 10 wh	ich approved	copy of this fo	orm is to be se	ni)	
Mobil Pipelir	X) ne Com				P. O.	Box 900	0, Dall	las, Te	exas 75	<b>2</b> 21	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Company					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102						
If well produces oil or liquids,	Unit Sec. Twp. Rge.			Is gas actually connected? When			7				
rive location of tanks.	N	12	<u></u>	S  34E		es	12	2-23-62		<del>,</del>	
If this production is commissed with that five COMPLETION DATA	rom azy oth							bi b	la	b'es ·	
Designate Type of Completion -	· (X)	Oil Well		Gas Well	New Well	Workover	Dесреп 	Plug Back	Same Res'v	Dist Res'v	
ate 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	Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe					
		n ibinic	CAS	INC AND	CEMENT	NG RECOP	D	<u> </u>	<del> </del>		
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					CEIVIEIVII	DEPTH SET	<u>.                                    </u>	SACKS CEMENT			
HOLE SIZE	J.1. 4 10	2010	7.25	Plat III Op I			C. C				
					-			<u> </u>	····		
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLI	<u>.</u>	. h	aroand to all o	numble for this	denth or he	for full 24 hour	re )	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Te		oj ioac	ou and mus	Producing M	cthod (Flow, pu	imp, gas lift, e	ic.)	or jan 24 nou		
PART LIN LICK ON VON TO 140K				-							
Length of Test	Tubing Pressure				Casing Press	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis	Water - Bbis.			Gas- MCF		
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conde	Bbis. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICA	ATE OF	COME	AI. Jo	NCF.	1				5046:-		
I hereby certify that the rules and regula						OIL CON	ISERV	NOIP	DIVISIC	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	Date Approved					
France E Florence						Orig. Signed by					
Signature Frances E. Flournoy Production Clerk					11	By Paul Kautz Geologist					
Frances E. Flournoy Production Clerk Printed Name Title					Title						
07/31/91	(		559	<u>-3355</u>	11/10						
Dalc		Tele	phone	No.							

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.