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

State of New Mexico Lorgy, Minerals and Natural Resources Department.

Form C-104 Revised 1-1-89 See Instructions

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Xeric Oil & Gas Company P. O. Box 51311 Midland, Texas 79710

Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion Oil \overline{X} Change in Operator Caninghead Gas Condensate If change of operator give name and address of previous operator Breck Operating Corp. P. O. Box 911 Breckenridge, Texas 76424 II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease State Federal or Fee Lease No. Lease Name 34 Milnesand Unit Milnesand-San Andres LC 060978 Location : 1980 Feet From The South Line and 1980 Feet From The West Unit Letter K _Line Range 35E NMPM, 18 Township 8S Roosevelt County III. 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) Mobil Pipeline Company O. Box 900 Dallas, Texas 75221 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589 Tulsa, Oklahoma 74102 Warren Petroleum Company Twp. If well produces oil or liquids, Unit Sec Rge. is gas actually connected? When 7 give location of tanks. L 18 | 8S 12-8-61 35E Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compi. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT **DEPTH SET** V. TEST DATA AND REQUEST FOR ALLOWABLE 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Size Length of Test Casing Pressure **Tubing Pressure** Water - Bbla. Gas- MCF Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Bbls. Condensate/MMCF Length of Test Gravity of Condensate Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved _____ Paul Kautz Signature Clerk rances Production Geologist Title Printed Name Title. 559-3355 7/31/91 <u>(817)</u>

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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.