Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resource Department

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

OIL CONSERVATION DIVISION

P. O. Box 1088

P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

DISTRICT III

DISTRICT II

REQUEST FOR ALLOWABLE AND AUTHORIZATION 1000 Rio Brazos Rd., NM 87410 TO TRANSPORT OIL AND NATURAL GAS

							We	II AP	I No.			
Operator MAERSK ENERGY Inc.		Well API No. 30-041-00050										
Address 2424 Wilcrest, Suite 200, Houston, T	exas 77	042-2753	<u> </u>					<u> </u>				
Reason(s) for Filing (Check proper box)						Other (Ple	ase explain)					
New Well		-	ansport of:		_							
		d Gas 🗆	Dry Cond	Gas □ ensate □	_							
change of operator give name ad address of previous operator Xerio	Oil &	Gas Comp	anv. P.O.B	ox 51311	l. Mid	iland, Texas 75	710					
. DESCRIPTION OF WELL A	ND LE	EASE	unij) 1.0.2									
Lease Name Milnesand Unit	Well No. Pool Name, Includ			_	ing Formation Kind of Lease -San Andres State, Federal of				Lease No.			
Location							Es et Ess	Tris	. W	est L	ine	
Unit Letter M : SW SW Section 12 Townsh	660 ip 8		eet From The _ Range	South 34E	Lii	ne and <u>660</u> NMPM	Feet Fro)III I II	County			
SW SW Section 12 Townsh II. DESIGNATION OF TRANS	PORT				AL C							
Name of Authorized Transporter of Oil	⊠_or (Condensate	e 🗆		Add	iress (Give addi	ess to which	appr	oved copy	of this form is	to be sent)	
Plaine Marketing & Transportation, Inc. Pride Kycline. Co						1600 Smith Street, Houston, Texas 77002 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transport of Casinghead Gas 🛛 or Dry Gas 🗆 Warren Petroleum Company					P. O. Box 1589, Tulsa, Oklahoma 74102							
If well produces oil or liquids, give location of tanks.		Unit Sec. Twp. F M 12 8S			If gas actually connected? YES				When? 12-17-62			
f this production is commingled with that V. COMPLETION DATA	t from a	ny other le	eases or pool,	give com	ımingli	ng order numbe	r:					
Designate Type of Completion - (X)	(Oil Well	Gas Well	New \	Well	Workover	Deepen	Plu	g Back	Same Res'v	Diff	
Date Spudded	Date Compl. Ready to Prod.				Total	Total Depth				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Тор	Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth C	Casing Shoe		
		TU	IRING, CASIN	IG AND	CEME	NTING RECO	RD					
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUE	ST FO	R ALLO	OWABLE	and must	be equ	ial to or exceed	top allowabi	e for	this depth	or be for full 2	4 hours.)	
Date First New Oil Run to Tank Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method							
Length of Test		Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test Oil - BBLS					Water - BBLS				Gas - MCF			
GAS WELL		<u> </u>										
Actual Prod. Test - MCF/D	Length of Test				Bbls	Bbls.Condensate/MMCF				Gravity of Condensate		
Testing Method (pilot,back pr.)	Tubing Pressure (Shut-In)				Casi	Casing Pressure (Shut-In)				Choke Size		
VI. OPERATOR CERTIFICAT					1 		CONC		/ATIO	או סוגעופיע)N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above je true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION MAR 2 3 1993							
is true and complete to the best of the be		vienke sug	oenet.			Date Appro	ved			TIN EU E	,	
· — — · · · · · · · · · · · · · · · · ·						By ORIGINAL SIGNED BY JEZPY SEXTON						
Signature Dorothy Duvall Tech.Admin.Asst., Regulatory Affairs							Dates:					
Printed Name FEB 2 3 1993	Title					Title						
Date		ephone 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.