Submit 5 Copies Appropriate District Office DISTRICT 1 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**

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

P. O. Box 1088

Santa Fe, New Mexico 87504-2088

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

Operator MAERSK ENERGY Inc.											Well API No. 30-041-00086				
Address 2424 Wilcrest, Suite 200, Houston, Texas 77042-2753															
Reason(s) for Filing (Check proper box)  New Well  Change in Transport of:															
Change in Operator 🔯 C	• —														
nd address of previous operator Xeric Oil & Gas Company, P. O. Box 51311, Midland, Texas 79710  I. DESCRIPTION OF WELL AND LEASE															
Lease Name Milnesand Unit						uding Formation Kind of I and-San Andres State, Fe					se FEE Lease No.				
Location  Unit Letter E : 1980 Feet From The NORTH Line and 660 Feet From The WEST Line  SW NW Section 18 Township 8S Range 35E NMPM County Roosevelt  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS															
III. DESIGNATION OF TRANS	SPOR'	TER O	F OII	AND I	IUTAN	RAL	GAS								
Name of Authorized Transporter of Oil Sor Condensate Deline Marketing & Transportation, Inc.							Address (Give address to which approved copy of this form is to be sent)  1600 Smith Street, Houston, Texas 77002								
Name of Authorized Transport of Casinghead Gas ☒ 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, give location of tanks.	Unit Se			Twp.	Is gas actually connected? YES				YES	When? 11-9-62					
give location of tanks.  B 18 8S 35E   f this production is commingled with that from any other leases or pool, give commingling order number:  V. COMPLETION DATA															
Designate Type of Completion - (X)	Oil Well Gas Well			New \	Vell	Work	cover	Deeper	ı Plu	g Back	Same R	Res'v	Diff		
Date Spudded	Date Compi. 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			
	CEMENTING RECORD														
HOLE SIZE						DEPTH SET					SACKS CEMENT				
V TEST DATA AND DECLIES	T EA	DAIF	OW	UDI P											
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 Date of Test						Producing Method									
Length of Test	ength of Test Tubing Pressure						Casing Pressure				Choke Size				
Actual Prod. During Test Oil - BBLS						Water - BBLS					Gas - MCF				
GAS WELL	Γ				Т		-				İ				
Actual Prod. Test - MCF/D Length of Test						Bbis.Condensate/MMCF					Gravity of Condensate				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)				Casing Pressure (Shut-In)					Choke Size					
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION									
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 MAR 2 3 1993									
Signature						By OMOGRAL MORNO SY MESSY SEXTON									
Dorothy Duvall Tech.Admin.Asst., Regulatory Affairs						By Original market regression									
FEU 2 3 1993 713/783-0376							Title		-			_			
Date	Tele	phone No	0.												

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.