Submit 5 Copies
Appropriate District Office
DISTRICT I
P.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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	Т	O TRA	NSP	ORT OIL	AND NA	TURAL GA	AS				
Operator							Well	API No.			
Xeric Oil & Gas Co	ompany										
P. O. Box 51311 M	idland,	Texa	as 7	9710_							
Reason(s) for Filing (Check proper box)					X Ou	ner (Please expl	ain)				
New Well		Change in	_	F1		7				'	
Recompletion	Oil Casinghead		Conde			ACTIV	ve Inje	ection			
If change of operator give name					P. O.	Box 91	l Breck	kenrido	re, Tex	as 7642	
and address of previous operator	reck op	Clati	-119	corp.		2011			, - ,		
II. DESCRIPTION OF WELL			1				V:-4	-f1	1.	ease No.	
well No. Pool Name, Inclu					nd-San Andres State,			of Lease Federal or Fe	Federal or Fee LC060978		
Milnesand Unit			<u> </u>	Inesa	10-5an	Andres		<u>.</u>		<u>U </u>	
Unit Letter	. 19	86	Feet P	rom The	South	ne and66	0 Fe	eet From The	West	Line	
NIW CM	·		_ 10011					0000110	l +		
Section 18 Towns	_{nip} 8S		Range	35E		ІМРМ,	R	ooseve	L C	County	
III. DESIGNATION OF TRAI	NSPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conden			Address (Gi	ve address to w					
ame of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					ent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	ls gas actual	ly connected?	When	1?			
If this production is commingled with tha	t from any other	r lease or	pool, gi	ve commingl	ing order nun	nber:					
IV. COMPLETION DATA		1			· · · · · · · · · · · · · · · · · · ·		7	l mu put	Ica Bashi	birt Bashi	
Designate Type of Completion		Oil Well	<u>_i</u>	Gas Well	New Well	<u>i</u>	Deepen	<u>i </u>	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	rations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations					Depth Casing Shoe						
		UDING	CASI	NC AND	CEMENT	NC PECOE	2D				
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
TIOLE SIZE		Original and results and an arrangement of the second of t									
											
									· · · · · · · · · · · · · · · · · · ·		
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE		L						
OIL WELL (Test must be after	recovery of tol	al volume	of load	oil and must	be equal to o	r exceed top all	lowable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	Date of Test				Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.			Water - Bbls.			Gas- MCF			
Technic Paring 1	<u> </u>			-							
GAS WELL	11 - 27	·			Ibble Conde	nente AMCE		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of I	Length of Test				Bbis. Condensate/MIMCF					
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	CATE OF	COM	OT IA	NCF	ir			_ 			
I hereby certify that the rules and reg				· · · C L	1	OIL COI	NSERV	ATION	DIVISIO	NC	
Division have been complied with an	d that the infor	mation giv	en abov	re							
is true and complete to the best of m	y knowledge an	u venei.			Dat	e Approve	ed				
Francis Flouring						0	rig Sign.	Aby			
Signature				1	By_		Paul I'm	i by # **			
Frances Flournoy	Produ	<u>ictlo</u>	Title	rerk	Tale)	ALCO TO PER	2 4			
7/31/91	(817)	559	-33!		''''	·					

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.