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

State of New Mexico rgy, Minerals and Natural Resources Departn

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Sente Fo New Marico, 97504 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				•	exico 8/30						
I.			-		BLE AND A _ AND NAT						
Operator Operator						Well API No.					
Xeric Oil & Gas Cor	npany	····							· · · · · · · · · · · · · · · · · · ·		
P. O. Box 51311 Mic	lland,	_Texa	s 7	79710						- 	
Reason(s) for Filing (Check proper box) New Well		Change in	Trans	porter of:	Oune	t (Please expl	ainj				
Recompletion	Oil		Dry (Cas 🔲							
Change in Operator Sive name	Casinghea			ensale							
and address of previous operatorBre			ng	Corp.	P. O. I	30x 911	. Breck	enridg	e, Texa	as 76424	
II. DESCRIPTION OF WELL . Lease Name	AND LEASE Well No. Pool Name, Includi				ing Formation		Kind	of Lesse F	of Lease Fed Lease No.		
Milnesand Unit		55	İ		nd-San A	Andres		Federal or Fe		062178	
Location G		1980		1	Jorth	. 1	.980 _{Fr}		East		
Unit LetterG SW NE	- :	1700	. Feet	Prom The	North Lice	and	F	et From The	Last	Line	
Section 13 Township	8 S		Rang	e 341	E , NIM	IPM,		Roo	sevelt	County	
III. DESIGNATION OF TRAN	SPORTE			ND NATU		·	·····				
Name of Authorized Transporter of Oil or Condensate Mobil Pipeline Company					Address (Give address to which approved copy of this form is to be sent) P.O. Box 900 Dallas, Texas 75221						
Name of Authorized Transporter of Casinghead Gas 🔀 or Dry Gas 🗍				y Gas	Address (Give address to which approved copy of this form is to be sent)					ent)	
Warren Petroleum Co If well produces oil or liquids,	ompany Unit	Sec.	Twp.	Rge	P.O.		89 Tul		lahoma	74102	
give location of tanks.	Н	13	85	34E	Υe	es		4-1-58		***	
If this production is commingled with that f IV. COMPLETION DATA	rom any oth	er lease or	pool, g	ive comming	ling order numb	ег:					
Designate Type of Completion -	· (X)	Oil Well		Gas Well	New Weil	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.		Total Depth		.1	P.B.T.D.	l		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Pat-pat			
								Tubing Depth			
Perforations								Depth Casing Shoe			
TUBING, CASING AND					CEMENTIN	IG RECOR	D	· I			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET	······································	SACKS CEMENT			
									· · · · · · · · · · · · · · · · · · ·		
V. TEST DATA AND REQUES					<u> </u>					•	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Producing Met				for full 24 hou	75.)					
						····		Choke Size			
Length of Test	Tubing Pressure			Casing Pressur	•		Choke Size	CHORO DIZC			
Actual Prod. During Test	Oil - Bbls.				Water - Bbia.			Gas- MCF			
GAS WELL	i			····	<u></u>						
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Condens	nte/MMCF		Gravity of C	Condensate		
Festing Method (pitot, back pr.)	back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choka Siza	Choke Size		
restrict (prov., ouck pr.)								CHORE SIZE			
VI. OPERATOR CERTIFICA	-			NCE		II CON	ISERV	ATION	טואופוכ)NI	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date ApprovedAUG 15 1991.						
Frances Florenon					Orig. Signed up						
Signature // Production Clerk					By Paul Kautz Geologist						
Printed Name 7/31/91	(81		Title		Title_		·········	·	······································		
Date											

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.

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4) Separate Form C-104 must be filed for each pool in multiply completed wells.