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

Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION
P. O. Box 1088
Santa Fe, New Mexico 87504-2088

<u>DISTRICT II</u>
P.O. Drawer DD, Artesia, NM 88210

<u>DISTRICT III</u>
1000 Rio Brazos Rd., NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator MAERSK ENERGY Inc.	Well API No. 30-041-00257 ✔

Address
2424 Wilcrest, Suite 200, Houston, Texas 77042-2753

Reason(s) for Filing *(Check proper box)*   ☒ Other *(Please explain)*

		Change in Transport of:		~~Tax~~
New Well	☐	Oil ☐	Dry Gas ☐	
Recompletion	☐	Casinghead Gas ☐	Condensate ☐	
Change in Operator	☒			

If change of operator give name
and address of previous operator   <u>Xeric Oil & Gas Company, P. O. Box 51311, Midland, Texas 79710</u>

II. DESCRIPTION OF WELL AND LEASE

Lease Name Milnesand Unit	Well No. 511	Pool Name, Including Formation Milnesand-San Andres	Kind of Lease (FEDERAL) State, Federal or Fee	Lease No. LC 062178

Location
Unit Letter ___D___ : __660__ Feet From The __North__ Line and __660__ Feet From The ___West___ Line
NW NW Section 13 Township 8S Range 34E NMPM   County Roosevelt

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ ~~Plains Marketing & Transportation, Inc.~~ *Pride Pipeline Co*	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 H	Sec. 13	Twp. 8S	Rge. 34E	If gas actually connected? YES	When? 4-01-58

If this production is commingled with that from any other leases or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff
Date Spudded	Date Compl. 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		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - BBLS	Water - BBLS	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls.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
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.

Dorothy Duvall (signature)

Signature
<u>Dorothy Duvall   Tech.Admin.Asst., Regulatory Affairs</u>
Printed Name   Title
     713/783-0376
Date   Telephone No.

OIL CONSERVATION DIVISION

MAR 23 1993

Date Approved _____

By ___ ORIGINAL SIGNED BY JERRY SEXTON ___
     DISTRICT I SUPERVISOR

Title _____

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.