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

DISTRICT III

Santa Fe, New Mexico 87504-2088

P. O. Box 1088

1000 Rio Brazos Rd., NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	TO TF	RANS	SPORT	OIL	ANI	D NATUR	AL GAS	3				
Operator MAERSK ENERGY Inc. Well API No. 30-041-10015 ;									i				
Address 2424 Wilcrest, Suite 200, Houston,	Texas	77042-2	753					: · · · · · · · · · · · · · · · · · ·	·		· · · · · · · · · · · · · · · · · · ·		
Reason(s) for Filing (Check proper bo		Change i	- T				☑ Other (Plea	se explain)				· · · · · · · · · · · · · · · · · · ·	
	Oil				y Gas		TAD.						
Change in Operator (X) (If change of operator give name	Casingh	ead Gas		Conc	densate [
and address of previous operator Xer	ic Oil &	& Gas Co	трапу	P. O. I	Box 513	11, M	idland, Texas 7	9710		<u> </u>			
II. DESCRIPTION OF WELL A	AND	LEASE	· ·					-					
Lease Name Milnesand Unit						cluding Formation Kind of Leas and-San Andres State, Federa							
Location Unit Letter E : 1980 Feet From The NORTH Line and 660 Feet From The WEST Line SW NW Section 7 Township 8S Range 35E NMPM County Roosevelt II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS													
					NATU								
Name of Authorized Transporter of Oi Plains Merketing & Transportation, In		or Conde	nsate [] reper	<u> </u>		ldress (Give add 00 Smith Street,				y of this form is	to be sent)	
Name of Authorized Transport of Casinghead Gas Sor Dry Gas Address (Give address to which approved copy of this form is to be sent) Warren Petroleum Company Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102											to be sent)		
If well produces oil or liquids, give location of tanks.					Rge.	·				When? 11-7-62			
If this production is commingled with the IV. COMPLETION DATA	at from	any othe	r lease			nmingl	ing order numbe	r:					
Designate Type of Completion - (X)	Oil Well Gas Well New				Well Workover Deepen Pla			Plu	g 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			
			UBING	G CASIN	G AND	CEME	NTING RECOR	RD.					
HOLE SIZE CASING &				BING SIZ	E		DEPTH SET			SACKS CEMENT			
									\dashv				
·	-							 	\dashv				
	-				-		· ·		\dashv				
V. TEST DATA AND REQUES OIL WELL (Test must be after reco					nd must	he eau	al to or exceed to	on allowable	for th	nis denth	or he for full 24	4 hours	
Date First New Oil Run to Tank		Date o					Producing Metho		J				
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
Actual Prod. During Test		Oil - BBLS				Water - BBLS				Gas - MCF			
GAS WELL													
tual 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	e OF	COMP	LIAN	CE					L				
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			_			ر ا	ate Approve	ed.	MAR	23	1993		
Cerothy Newall							, .						
Dorothy Duvall Tech.Admin.Asst., Regulatory Affairs					By ORIGINAL MANAGE SY JERRY SEXT								
Printed Name	n.Ass Title		gulat	ory Aff	airs		3 -7	178年)	JU 7₩	7. 9 (30)	-		
r E B 2 3 1993	713/	783-0376		·		Ti	tle			<u>-</u>			
Date	Teler	phone No	٠.										

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.