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

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

DISTRICT III
1000 Rio Brazos Rd., NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
MAERSK ENERGY Inc.	30-041-10016
Address: 2424 Wilcrest, Suite 200, Houston, Texas 77042-2753	

Reason(s) for Filing *(Check proper box)*
New Well ☐ *Change in Transport of:*
Recompletion ☐ *Oil* ☐ *Dry Gas* ☐
Change in Operator ☒ *Casinghead Gas* ☐ *Condensate* ☐
☐ Other *(Please explain)*

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Milnesand Unit	126	Milnesand-San Andres	State, Federal or (Fee)	

Location
Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line
NW NW Section 7 Township 8S Range 35E NMPM County Roosevelt

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
~~Plains Marketing & Transportation, Inc.~~ Paid Pipeline Co	~~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	Sec.	Twp.	Rgr.	If gas actually connected?	When?
	M	7	8S	35E	YES	11-7-62

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
Dorothy Duvall Tech.Admin.Asst., Regulatory Affairs
Printed Name Title
FEB 2 3 1993 713/783-0376
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 2 3 1993

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.