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

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

DISTRICT III

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

	<u> </u>	TRA	NSF	PORT	OIL A	<u> </u>	NATURA	LGA	13					
Operator MAERSK ENERGY Inc.		Well API No. 30-041-10049												
Address 2424 Wilcrest, Suite 200, Houston, Te	xas 770	042-2753	i											
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator Change of operator give name		nge in Ti	-	Dry	Gas 🤅 ensate 🗆		· · · · · · · · · · · · · · · · · · ·		lain)			-		
nd address of previous operator Xeric	0il & 0	Gas Com	pany,	P. O. B	ox <u>5131</u>	1, <u>M</u> i	dland, Texas 7	9710						
I. DESCRIPTION OF WELL Al Lease Name Milnesand Unit	Well No. Pool Name, Include					ing Formation Kind of Lease I-San Andres State, Federal				r Fee		Lease No. LC 060978		
Location Unit Letter A: NE NE Section 19 Townshi II. DESIGNATION OF TRANS	660 p 8S PORTI		I	om The Range . AND N	35E	TAL (From T		County	Roosevelt		
Name of Authorized Transporter of Oil So or Condensate Plains Marketing & Transportation, Inc.							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. If this production is commingled with that	Unit Sec. Twp. Rgr. C 19 8S 35E				If gas actually connected? YES					When? 7-5-64				
If this production is commingled with that IV. COMPLETION DATA	irom a	ny outer	icasca	or poor,	5110 00								·	
Designate Type of Completion - (X)	C	Oil Well Gas We		ias Well	New	Well	Workover	Deep	epen Plug Back		Back	Same Res'v	Diff	
Date Spudded	Date Compl. Ready to Prod.					Total	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Тор	Top Oil/Gas Pay				Tubing Depth			
Perforations											Depth Casing Shoe			
			URIN	G. CASIN	IG AND	CEM	ENTING RECO	RD						
HOLE SIZE	A COMP A TURBUC CITE						DEPTH SET				SACKS CEMENT			
						-				寸				
				<u>. </u>										
V. TEST DATA AND REQUES OIL WELL (Test must be after reco	T FO	R ALL	OW i	ABLE fload oil d	and musi	be equ	ual to or exceed	top alle	owable	for t	his depth	or be for full 2	4 hours.)	
Date First New Oil Run to Tank Date of Test						Producing Method								
Length of Test	The First Control of the Control of			sure			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)					Cas	Casing Pressure (Shut-In)				Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION								
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							Date ApprovedMAR 2 3 1993							
Signature Suvall						11	By							
Dorothy Duvall Tech. Admin. Asst., Regulatory Affairs Printed Name CCD 2 3 1903							Title							
713/783-0376 Date Telephone No.														

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.