

N. M. OIL COM. COMMISSION
P. O. BOX 1930
UNITED STATES HOBBS, NEW MEXICO 88240
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
LC-062178

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

MILNESAND UNIT

8. Well Name and No.

44

9. API Well No.

30-041-10090

10. Field and Pool, or Exploratory Area

MILNESAND (SAN ANDRES)

11. County or Parish, State
ROOSEVELT COUNTY,
NEW MEXICO

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

MAERSK ENERGY INC.

3. Address and Telephone No.

2424 WILCREST, SUITE 200, HOUSTON, TX 77042, 713/783-0376

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit Letter "O"; 660' FSL & 1980' FEL
Section 14, T8S-R34E

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other Extend T A or SI
Status

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

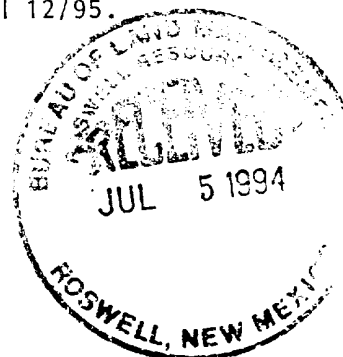
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Field restoration operations have been ongoing since March 1993. Evaluation of those operations, through September 1994, will determine the potential viability of this well to our restoration project. This well is in an area of the field that may be restored in late 1995.

Maersk respectfully requests to delay TA procedures or testing until 12/95.



14. I hereby certify that the foregoing is true and correct

Signed Sonny Bryan

Title Manager, Operations

Date June 28, 1994

(This space for Federal or State office use)

Approved by
Conditions of approval, if any:

Title

APPROVED FOR -- MONTH PERIOD
ENDING DEC 1 1995

APPROVED
PETER W. CROSTER

JUL 13 1994

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side



LTR



Job separation sheet

OIL CONSERVATION DIVISION

P. O. Box 1088

Santa Fe, New Mexico 87504-2088

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

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. 30-041-10090 ✓
Address 2424 Wilcrest, Suite 200, Houston, Texas 77042-2753	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transport of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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 Milnesand Unit	Well No. 44	Pool Name, Including Formation Milnesand-San Andres	Kind of Lease FEDERAL State, Federal or Fee	Lease No. LC 062178
Location Unit Letter <u>O</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line SW SE Section 14 Township 8S Range 34E NMPM County Roosevelt				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Petras 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 J	Sec. 14	Twp. 8S	Rge. 34E
Is gas actually connected? YES		WHEN? 1-1-64		

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.)

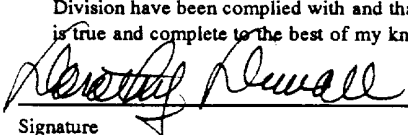
Date First New Oil Run to Tank	Date of Test	Producing Method	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - BBLs	Water - BBLs	Gas - MCF

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.


Signature
Dorothy Duvall Tech. Admin. Asst., Regulatory Affairs
Printed Name **FEB 23 1993** 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.