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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

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

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

		IO INA	AINOF	-0	ni Oil	AND IVA	OTIAL OF		ell A	Pl No.				
Operator Operator	•••							l.		041 - 101	1 7	OK		
XERIC OIL & GAS COMPANY								1 33 311 - [01]						
P. O. Box 51311, Midla	ind. TX	79	710											
Reason(s) for Filing (Check proper box)	114 5 17	, , , ,				Othe	t (Please expla	ain)						
New Well		Change is	Trans	port	er of:	Injection Well								
Recompletion	Oil		Dry (Gas			ective January 1, 1993							
Change in Operator	Casinghea	d Gas	Cond	dens	ate	Effecti	ve Janua	ary I	, 15	993		 		
If change of operator give name and address of previous operator F	NA OII	AND	CHEM	íIC	AL COM	PANY						<u> </u>		
•	ANDIE	A S E												
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including							ng Formation			Lease	1 -	Lease No.		
Horton Federal 15 Milnesand S									State Federal or Fee NMN			145685		
Location										- ·				
Unit Letter P	. 990		_ Feat	From	m The SO	uth_ Line	and 92	8	_ Fee	t From The	East	Line		
	_ ,						_		٠.			_		
Section 30 Township	<u>8S</u>		Rang	ge	35E_	, N	MPM, Ro	oseve	It_			County		
III. DESIGNATION OF TRAN	CDODTE	D OF C	\TT A	NT	NATTI	AL GAS								
Name of Authorized Transporter of Oil	SPURIT	or Conde	DESIGNATION OF THE PROPERTY OF	רואב	TINATUI	Address (Giv	e address 10 w	hich appr	oved	copy of this fo	orm is to be se	nt)		
Tella of Flamouse state posters of the	لــا			L										
Name of Authorized Transporter of Casing	thead Gas		or D	ry C	ias 🔚	Address (Giv	e address to w	hich appr	roved	copy of this f	orm is to be st	ent)		
<u> </u>	1			<u> </u>	It are a multiple appeared?			13000 2						
If well produces oil or liquids, give location of tanks.	Unit	j Sec. I	Twp.		Rge	Is gas actually connected?		;	When?					
If this production is commingled with that		her lease o		oiv.	commingli	ng order num	ber:							
If this production is commingled with that it	iioiii any o	iki icese o	ı pou,	۵.,		-6								
IV. COM ELITON DATA		Oil We	:11	G	as Well	New Well	Workover	Deep	œn	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	i	ĺ	İ			<u> </u>				1			
Date Spudded	Date Con						Total Depth			P.B.T.D.				
						Top Oil/Gas Pay			Taking Death					
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Circuit 129				Tubing Depth			
Perforations										Depth Casing Shoe				
Periorations														
		TUBINO	G. CA	SIN	IG AND	CEMENTI	NG RECO	RD _						
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT				
					_,									
											· · · · · · · · · · · · · · · · · · ·			
	CT FOR	ALLOV	VADI	E		<u> </u>				<u> </u>				
V. TEST DATA AND REQUES OIL WELL (Test must be after to	STFOR	ALLUY	V A.D.L	uici Mai a	il and must	he equal to o	r exceed top at	llowable f	for this	depth or be	for full 24 hos	ers.)		
OIL WELL (Test must be after to Date First New Oil Run To Tank			2 0) 10	-	AL G/124 // MIST	Producing M	lethod (Flow,)	pump, gas	i lift, e	ic.)				
Date First New Oil Ruit 10 Table	Date of 1	Date of Test Producing Me												
Length of Test	Tubing Pressure					Casing Pressure				Choke Size				
										Gas- MCF				
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.				Gas- MCF				
•						L						•		
GAS WELL										10	Candana	=		
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF				Gravity of Condensate				
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)						Casing Pressure (Shut-in)				Choke Size				
	<u> </u>	E CC:			ICE	1				.l				
VI. OPERATOR CERTIFIC	CATEC	OF CON	1PLI	.A.	NCE		OIL CO	NSE	RV	ATION	DIVISI	NC		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above							JAN 27 1993							
is true and complete to the best of my	knowledge	and belief				Det	e Approv	ed		JA				
						Dai	C Whhios	~ ·	g:~	ned hv				
							Orig. Signed by By Paul Kautz							
Signature G-275-13-11/2 V.P., Printed Name Title						by-	By Paul Kauta							
District Name	<u> </u>	71612	Ti	ue		Title	2	. 1 mm						
Printed Name 1-2-93	9.	15-6	83	<u></u>	3171									
Date		7	Telepho	one l	Vo.									

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.