International Control of Part (Control of Product and P	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., Aztec, NM 87410 I.	TO TRANSPORT OIL AND NATURAL GAS								Form C-104 Revised 1-1-89 See Instructions at Bottom of Page		
P. O. Box 51311, Midland, IX       79710         New Weil       Charge in Transport of       Injection Well         New Weil       Charge in Stransport of       Injection Well         Charge in Operator       Effective January 1, 1993         Understond operator       Effective January 1, 1993         Understond operator       Effective January 1, 1993         Understond operator       Ein AND CHEMICAL COMPANY         D. DESCRIPTION OF WELL AND LEASE       Num No. IPon New Stocking Formation         Law New       21 Milnesand San Andres         Monton Federal       21 Milnesand San Andres         Looston       23 Tomusing RS         Looston       24 Multoted Transport of Ma form is to k and         Looston       4 Multoted Transport of Cale State         Looston       70 Cale Mail         Looston       Andread State State         Mark of Audoted Transport of Cale Mail       6 and addet at analy commator?         With a form is to k and?       70 Cale Addet at Transport of c	XERIC OIL & GAS COMPAN	T Co	ep	EF	FECT	VE 5-27	-97			15	64	
Readers() for Files (Calcel proof best)          Out of the VM set of VM set		and, TX	, 797	10								
and addee of pervice openics	Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Change in Transporter of: Oil Dry Gas Dry Gas										
Lase Name         Well No.         Pool Nume, Including Formation         State (Total) or Fee         Law No.           Idn't Dn Federal         21         Mill nessand San Andres         State (Total) or Fee         NMMMOI 45685           Leaston         29         Township         85         Rasge         330         Feet From The         West         Line and         330         Feet From The         West         Line           Section         29         Township         85         Rasge         35E         , MMPM, Roosevellt         County           III.         DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Address (Give address to whick approved copy of this form is to be sen)         Nime of Authorized Transports of Canaghead Ga         or Dry Osa         Address (Give address to whick approved copy of this form is to be sen)           Name of Authorized Transports of Canaghead Gas         or Dry Osa         Address (Give address to whick approved copy of this form is to be sen)           View produces to our injuside, sectore and the our pool, give commanging order sumber:         V.         COMPLETION DATA           Designate Type of Completion - (X)         Oil West         Gas Well         New Well         Wontower         Deeps         Plug Back [Same Resv         Diff Resv           Date Spaded         Dae Compl. Rady to Pool.         Gas Well         Ne	and address of previous operator											
Horton Federal       21       Milnesand San Andres       Sum (Method) 456655         Locator       2310       Feet From The South Line and 330       Feet From The Mest Line         Section       29       Township       BS       Range 355       ,MMPM, RODSeyelt       County         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Inter of Authorized Transporter of CM       or Condenants       Address (Give address to which approved copy of bla form is to be sen)       Inter of Authorized Transporter of CM       or Condenants       Address (Give address to which approved copy of bla form is to be sen)         If will produces to or liquid, by the form say other lease or pool, give comminging order sumber:       IVV. COMPLETION DATA       Designate Type of Completion - (X)       ON Weil       Ges Weil       New Weil Workover       Deepes       Plug Back [Same Res' Diff Res'         Designate Type of Completion - (X)       ON Weil       Ges Weil       New Weil Workover       Deepes       Plug Back [Same Res' Diff Res'         Designate Type of Completion - (X)       ON Weil       Ges Weil       New Weil Workover       Deeph Cating Shoe         Torubing Deph       Designate Type of Completion - (X)       ON Weil       Ges Weil       New Weil Workover       Deeph Cating Shoe         V. COMPLEXAR, R7, GR, etc.       Name of Producing Formatice       Top Ol/Gas Fiy       Table Deph       Table												
Unit Letter												
Section       29       Township       Rs.       Rs.ge       35E       .NMTML       ROOSEVELt       County         III.       DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Auborated Transporter of Calinghead Gas       or Condensate       Address (Give address is which approved copy of his form is to be sex)         Name of Auborated Transporter of Calinghead Gas       or Dry Gas       Address (Give address is which approved copy of his form is to be sex)         Name of Auborated Transporter of Calinghead Gas       or Dry Gas       Address (Give address is which approved copy of his form is to be sex)         If well producio is communitied with that form asy other lease or pool, give commanging order number:       IV       IV         IV approach oid to liquida,       Uhit       Sec       Twey producion is not be secal)         If well producios is communitied with that form asy other lease or pool, give commanging order number:       IV       Output         IV.       Designate Type of Completion - (X)       IOII Well       Cast Well       New Well       Workover       Deepee       Plug Back Same Resv       Duff Resv         Date Spaced       Date Completion - (X)       IOII Well       Cast Well       Top OlipGas Pay       Tubing Depth         Vis associates       Date Completion of National Stress of Conducing Formation       Top OlipGas Pay       Tubing Depth												
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil       or Condensate         Name of Authorized Transporter of Oil       or Condensate         Name of Authorized Transporter of Casinghead Gas       or Oty Gas         Address (Give address to which approved copy of this form is to be sent)         If well produces oil or liquids, give boation of unix.       Unit         If well produces oil or liquids, give boation of unix.       Unit         I'l well produces oil or computed with that from any other lease or pool, give communging order number:       IV. COMPLETION DATA         Designate Type of Completion - (X)       Oil Well       Cas Well       New Well       Workover       Deepen       Plug Back [Same Reiv       Diff Reiv         Date Spadod       Date Compl. Reidy to Prod.       Total Depth       P.B.T.D.         Elevations (DF, RKB, RT, GR, stc.)       Name of Producing Formation       Top OU/Gas Psy       Tubing Depth         Y. TEST DATA AND REQUEST FOR ALLOWABLE       Depth Casing Shoe       Image of real       Image of real         OIL WELL       (Test must be give recovery of total volume of load oil and must be equal to or exceed top allonable for this depth or be for full 24 howr.)       Date Size         OIL WELL       (Test must be give recovery of total volume of load oil and must be equal to or excred top allonable for this depth or be for full 24 howr.)	Series 29 Terretia 85 Proce 255 NRTH Descoult											
Nume of Authonized Transporter of Oil       or Condensate       Address (Give address to which approved copy of this form is to be seal)         Name of Authonized Transporter of Casinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be seal)         If well produces oil or liquids, give boalists       Unit       Sec.       Twp.       Rgs.       Is gas scatsily connected?       When 7         If well produces oil or liquids, give boalists       Unit       Sec.       Twp.       Rgs.       Is gas scatsily connected?       When 7         If well produces oil or liquids, give boalists       Unit       Sec.       Twp.       Rgs.       Is gas scatsily connected?       When 7         If well produces oil or liquids, give boalists       Unit is to be seal)       If well produces oil or liquids, give boalists       When 7       When 7         Designate Type of Completion - (X)       Oil Well       Gas Well       New Well   Workover       Deepth       Plug Back   Same Rav       Diff Raiv         Date Spadded       Date of Producing Formation       Top Oil/Gas Pay       Tubing Depth       Plug Back   Same Rav       Diff Raiv         Viet DEVEL       CASING & TUBING, CASING AND CEMENTING RECORD       Depth Casing Shoe       Plug Hack   Same Ack       Same Ack       Depth Casing Shoe         VI DELL       Tere mult be give recovery of tot												
If well produces oil or liquid, give science of liquid.       Uait       Sec.       Twp.       Rgs.       Is gas actually connected?       When ?         If this produces a is commanded with that from any obser lease or pool, give comminging order number:							e address to wh	ich approved	copy of this fo	orm is 10 be se	u)	
jie be location of task.  If the production is commingling with that from any other lease or pool, give commingling order sumber:  If the production is commingling with that from any other lease or pool, give commingling order sumber:  Designate Type of Completion - (X)  Date Spadded  Date Completion - (X)  Date Spadded  Date Completion - (X)  Date Spadded  Date Completion - (X)  Date Completion - (X)  Date Spadded  Date Completion - (X)  Date of Tes  Depth Casing Shoe  Completion - (X)  Date of Tes  Date State  Date Approved  Date A	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent									ν)		
If dis production is comminglied with that from any other lease of pool, give commingling order number:          If dis production is comminglied with that from any other lease of pool, give commingling order number:       Image: Complexity of Complexity of Complexity of Pool         Designate Type of Completion - (X)       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Reav       Diff Resv         Date Spadded       Date Complexity of Pool       Total Depth       P.B.T.D.         Elevations (DF, RKB, RT, GR, etc.)       Name of Producing Formation       Top OI//Gas Pay       Tubing Depth         Performance       Depth Casing Shoe       Depth Casing Shoe         TUBING, CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         V. TEST DATA AND REQUEST FOR ALLOWABLE       DEPTH SET       SACKS CEMENT         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 Rue To Tank       Date of Test       Producing Method (Flow, pump, gat lift, etc.)         Length of Test       Tubing Pressure       Choke Size       Choke Size         Gass WELL       *       Gass MCEF       Gravity of Condeniate         Tubing Pressure (Shut-in)		Unit	Soc.	Twp.	Rge.	is gas actually connected? When ?						
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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         Date First New Oil Run To Tank       Date of Test         Length of Test       Tubing Pressure         Actual Prod. During Test       Oil - Bbls.         GAS WELL		UASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
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Length of Test       Tubing Pressure       Casing Pressure       Choke Size         Actual Prod. During Test       Oil - Bbls.       Water - Bbls.       Gas- MCF         GAS WELL	OIL WELL (Test must be after re	covery of tou	al volume c		il and must					or full 24 hour	5.)	
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 (pitot, back pr.)       Tubing Pressure (Shut-in)       Casing Pressure (Shut-in)       Onoke 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.       OIL CONSERVATION DIVISION         Signature       JAN 2 7 1993         Date Approved       By         Printed Name       Title	Date First New Oil Run To Tank	Date of Test				Producing Me	ethod (Flow, pu	mp, gas lift, ei	ic.)			
GAS WELL       Actual Prod. Test - MCF/D       Length of Test       Bbls. Condensate/MMCF       Gravity of Condensate         Testing Method (pluot, 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.       OIL CONSERVATION DIVISION JAN 2 7 1993         Signature       JAN 2 7 1993         Signature       Date Approved         Signature       Printed Name	Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
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       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.       OIL CONSERVATION DIVISION         Signature       JAN 27 1993         Date Approved       By         Printed Name       Title	Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
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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 Signature Signature Printed Name UIL CONSERVATION DIVISION UIL Size OIL CONSERVATION DIVISION UIL Size Date Approved By Urig, Signed by, Paul Kauta Geologist	Actual Prod. Test - MCF/D	Length of Test				Bbls. Conden	sate/MMCF		Gravity of C	Gravity of Condensate		
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 Sig	Testing Method (pilot, back pr.)	Tubing Pres	sure (Shut-	in)		Casing Press	ire (Shut-in)		Choke Size			
Date Telephone No.	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 Printed Name -22-93 915-683-317					JAN 27 1993       Date Approved       By       Orig. Signed by,       Paul Kautz,       Geologists						

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.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.