

DISTRICT II
O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

DISTRICT III
300 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator XERIC OIL & GAS COMPANY Corp		EFFECTIVE 5-27-97		Well API No. 30-041 -10120	
Address P. O. Box 51311, Midland, TX 79710					
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)					
New Well <input type="checkbox"/>		Change in Transporter of:			
Recompletion <input type="checkbox"/>		Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		Injection Well	
Change in Operator <input checked="" type="checkbox"/>		Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		Effective January 1, 1993	
Change of operator give name and address of previous operator FINA OIL AND CHEMICAL COMPANY					

I. DESCRIPTION OF WELL AND LEASE

Lease Name Horton Federal	Well No. 26	Pool Name, including Formation Milnesand San Andres	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. NMNM0145685
Location Unit Letter B : 330 Feet From The North Line and 2310 Feet From The East Line Section 29 Township 8S Range 35E , NMPM, Roosevelt County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twsp.	Rge.	Is gas actually connected?	When ?
If this production is commingled with that from any other lease or pool, give commingling order number:						

V. COMPLETION DATA

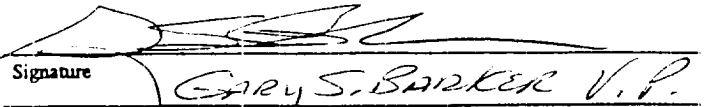
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

VI. 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 (Flow, pump, gas lift, etc.)	
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 
Printed Name **GARY S. BARKER V.P.** Title
Date **1-22-93** Telephone No. **915-683-3171**

OIL CONSERVATION DIVISION

JAN 27 1993

Date Approved _____
By _____
Orig. Signed by **Paul Kautz**
Geologist
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.