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Submit 5 Copies Appropriate District Office DISTRICT 1	E	inergy, Mine	State of Ne rais and Natu	w Mexico ral Resources Department TION DIVISION x 2088~			Form C+104 Revised 1-1-89 See Instructions			
P.C. Box 1980, Hobbs, NM 88240 DISTRICT II	(OIL CON						at Botto	n of Page	
P.O. Drawer DD, Artesia, NM 88210		Santa	Fe, New Me		4-2088					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			ALLOWAB							
I. Operator		IO THANS	PORT OIL	ANU NA	UHAL GA	S Well A	PI No.		والمت وتوكير فيترجي ويرجين ويرجون	
XERIC OIL & GAS COMPAN	IY						41- 101	21	····	
Address										
P. O. BOX 51311, Midla Reason(s) for Filing (Check proper box)		79710		Ouhe	a (Please explai	n)			<u></u>	
New Well	• · ·									
Recompletions	Oil Casinghea		Gas 🛄	Effect	ve Febru	uary 1	, 1993			
If change of operator give name			L COMPAN				·			
I. DESCRIPTION OF WELL				<u> </u>					<u></u>	
Lease Name		Well No. Poo	Name, Includir	g Formation		Kind o			ase No.	
Horton Federal		27 Mi	ilnesand S	San Andr	<u>es</u>	State	ederal or Fee	<u>INMNMO:</u>	45685	
Unit LetterG	:165	0 Fee	t From The <u>N</u>	orth_uo	and <u>231</u>	4 Fee	t From The _	<u> </u>	Lide	
Section 29 Township	<u>85</u>	Rat	nge <u>35E</u>	. N	ирм, р	Roosevel	<u>t</u>		County	
III. DESIGNATION OF TRAN	SPORTE	ROFOIL	AND NATU	RAL GAS						
Name of Authonized Transporter of Oil PRIDE PIPELINE CO	MPANY	or Condensate		Address (Giv P.O.	e address io who BOX 243	6				
Name of Awhonized Transporter of Casing Warren Petroleum Compa		VX or I	Dту Gas		NE, TEX			irm is to be se	ni)	
If well produces oil or liquids,	Unit	Sec. Tw		ls gas actuali		When				
give location of tanks. If this production is commingled with that (<u> 30 85</u>		Ye Ye						
IV. COMPLETION DATA		Oil Well	Gas Well		Workover	Deepen	Plug Back	Same Resiv	Diff Resiv	
Designate Type of Completion		Ì	İ							
Dus Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	as (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gae Pay			Tubing Depth		
Perforations	<u> </u>			· · · · · · · · · · · · · · · · · · ·			Depth Casin	g Shoe		
	CEMENTI	NG RECORI	00							
HOLE SIZE	SING & TUBIN	IG SIZE	DEPTH SET			SACKS CEMENT				
								· · · · · · · · · · · · · · · · · · ·		
	<u>+</u>									
V. TEST DATA AND REQUES OIL WELL (Test must be after re				be equal to or	exceed top allo	wable for this	depih or be	for full 24 hou	75 .)	
Date First New Oil Run To Tank	Date of Te			the second s	ethod (Flow, pw	the second s	the second s			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL	1	<u> </u>	·····	1			1		 *:	
A:wel Prod. Test - MCF/D	Leagth of	Test		Bols. Conder	MMCF		Gravity of C	Conden sale		
Texiuog Method (pilot, back pr.)	Tubing Pressure (Shui-m)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	L ATE OF	COMPLI	ANCE				<u> </u>			
I hereby certify that the rules and regula	ations of the	OI COLSETVILLO	00		DIL CON	ISERV	ATION	DIVISIO	DN	
Division have been complied with and is true and complete to the best of my h	that the info mowledge a	malion given al ind belief.	bove	Date		d		FEB 02	1993	
	\ 2	2 - C	128/613		11		_			
Signature GARYS, BAIZKER' V.P.					By ORIGINAL SIGNED BY JERRY SEXTON					
Printed Name		Tit		DISTRICT I SUPERVISOR						
<u>1-22-93</u> Data	<u> </u>	<u>Telepho</u>								

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.

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