Submit 5 Gopies
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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.						AUTHOR					
Operator						Well API No.					
XERIC OIL & GAS COMPANY						30-041-10127					
Address P. O. Box 51311, Mid1	and TV	707	10								
Reason(s) for Filing (Check proper box)	anu, IA	797	10.		Ou	net (Please expl	lain)		· ····		
New Well	Change in Transporter of:										
Recompletion	Oil Control on the control	_	Dry G		ree	.2	, ,				
If change of operator give name	Casinghead		Conde			ive Janu	ary I,	993			
and address of previous operator	NA OIL 8	<u>CHEMI</u>	CAL	_COMPAN	ΙY	·				·	
II. DESCRIPTION OF WELL	AND LEA										
Lease Name Horton Federal	5 1				1 2			of Lease Lease No. Federal or Fee			
Location	5 Milnesand				San Andres			Tedelation Fe	NMNMO	145685	
Unit LetterG	. 1650)	Feet Fi	mm The NO	rth 1:	se und 22	44 Fe	F Tb -	Fac+		
20 rectrom the LdSt Line											
Section 30 Township	<u>8S</u>		Range	35 <u>E</u>	, N	мрм,	Rooseve	lt	·	County	
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										ent)	
Mobil Pipe Line Company						Proration Section, Box 900, Dallas TX 75221					
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Warren Petroleum Company					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, Unit Sec. Twp. Rge					Box 1589, Tulsa, OK 74102 ls gas actually connected? When?						
give location of tanks.			88	135E	Ye	<u>.s</u>	i				
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	r lease or p	ool, giv	ve comming	ling order num	ber:					
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u>i</u>	_i_		İ			I log Dack	Same Kes v	I Kesv	
Date Spudded Date Compl. Ready to Prod.					Total Depth	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay Tubing Depth					
						•		Tubing Depth			
Perforations								Depth Casing Shoe			
TUBING, CASING AND O						CEL CENTRIC RECORD					
HOLE SIZE CASING & TUBING SIZE					CEMENT	DEPTH SET	ע	SACKS CEMENT			
											
					<u> </u>						
V. TEST DATA AND REQUES								L			
OIL WELL (Test must be after re Date First New Oil Run To Tank	ne 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 Press	lire		Choke Size			
Assuel Book During Test							Con MCE				
Actual Prod. During Test Oil - Bbls.					Water - Bbis.			Gas- MCF			
GAS WELL	L				! <u>.</u>			!			
Actual Prod. Test - MCF/D	Length of Te	est			Bbls. Conden	sale/MMCF		Gravity of C	ondensate		
								-			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choke Size		
U ODEDATOR CERTIFIC	ATE OF	COME	TAN	CE	 						
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.					Date Approved						
						Orig. Signed by					
Signature GARYS BARKER V.P.					By	Orig. Signed by Paul Kautz Geolog st					
Printed Name Title					Title						
1-22-93 915-683-3171						TIME					
Date		i elepi	ione N	Ю.							

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.