

**OIL CONSERVATION DIVISION**

P. O. Box 1088

Santa Fe, New Mexico 87504-2088

**DISTRICT II**

P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd., NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

I.

|  |   |
|--|---|
| Operator<br><b>MAERSK ENERGY Inc.</b>  | Well API No.<br>30-041-10147 ✓  |
| Address<br>2424 Wilcrest, Suite 200, Houston, Texas 77042-2753                                     |   |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) |   |
| New Well <input type="checkbox"/>  | Change in Transport of:   |
| Recompletion <input type="checkbox"/>  | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Injection     |
| Change in Operator <input checked="" type="checkbox"/>   | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of operator give name and address of previous operator Xeric Oil & Gas Company, P. O. Box 51311, Midland, Texas 79710

**II. DESCRIPTION OF WELL AND LEASE**

|   |                |   |   |                        |
|---|----------------|---|---|------------------------|
| Lease Name<br><b>Milnesand Unit</b>   | Well No.<br>24 | Pool Name, Including Formation<br><b>Milnesand-San Andres</b> | Kind of Lease <b>FEDERAL</b><br>State, Federal or Fee | Lease No.<br>LC 060978 |
| Location<br>Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line<br>NW SE Section <u>19</u> Township <u>8S</u> Range <u>35E</u> NMPM County <u>Roosevelt</u> |                |   |   |                        |

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|   |  |      |      |      |                            |       |
|---|--|------|------|------|----------------------------|-------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/><br><u>None - Injection well</u> | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |       |
| Name of Authorized Transport 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. | Twp. | Rgr. | If gas actually connected? | When? |

If this production is commingled with that from any other leases or pool, give commingling order number: \_\_\_\_\_

**IV. COMPLETION DATA**

|                                     |                             |          |                 |          |                   |           |            |      |
|-------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|------------|------|
| Designate Type of Completion - (X)  | Oil Well                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Same Res'v | Diff |
| 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      |           |            |      |
|                                     |                             |          |                 |          |                   |           |            |      |
|                                     |                             |          |                 |          |                   |           |            |      |
|                                     |                             |          |                 |          |                   |           |            |      |
|                                     |                             |          |                 |          |                   |           |            |      |

**V. 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 |            |
| 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.

*Dorothy Duvall*  
Signature  
**Dorothy Duvall** Tech. Admin. Asst., Regulatory Affairs  
Printed Name **FEB 23 1993** Title  
713/783-0376  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **MAR 23 1993**

By **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

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.