Submit 5 Copies Appropriate District Office DISTRICT : P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resource Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II

DISTRICT III

P.O. Drawer DD, Artesia, NM 88210

P. O. Box 1088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

·													
Operator MAERSK ENERGY Inc.									Well A	Vell API No. 30-041-10181			
Address 2424 Wilcrest, Suite 200, Houston, T	exas 770)42-2753	3										
Reason(s) for Filing (Check proper box, New Well	Chai	nge in T	ransp		_	_	Other (Pleas	e explair	1)				
Recompletion O	l singhead (•	Gas [ensate □	_1	35						
f change of operator give name													
nd address of previous operator Xeric	Oil & G	as Comp	eπy,	P. O. B	ox 5131	l, Mi	dland, Texas 7	9710			<u>. </u>		
I. DESCRIPTION OF WELL AND LEASE													
Lease Name Milnesand Unit	5 3			me, Including Formation Milnesand-San Andres			Kind of Lease FEE State, Federal or Fee			Le	Lease No.		
NE NE Section 25 Township	88		Ran	ge 3	4E	N.	30 Feet Fron	n The	East (l	Line Roosevelt		
II. DESIGNATION OF TRANS	PORTE	R OF	OIL	AND I	IUTAV	CAL (GAS						
Name of Authorized Transporter of Oil So or Condensate Deline Marketing & Transportation, Inc. Full Public Co							Address (Give address to which approved copy of this form is to be sent) 1600 Smith Street, Houston, Texas 77002						
Name of Authorized Transport of Casinghead Gas or Dry Gas Warren Petroleum Company						Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102							
If well produces oil or liquids, give location of tanks.		Unit Sec. B 25		Twp.	Rge. 34E	`	If gas actually connected? NO			When?			
If this production is commingled with the IV. COMPLETION DATA	t from any	y other l	eases	or pool,	give con	nmingli	ng order numbe	r:	·				
Designate Type of Completion - (X)	Oi	Oil Well		as Well	New '	Well	Workover	Deepen Plug		g 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						Dep				Depth (Depth Casing Shoe		
		TL	JBING	G. CASIN	IG AND	CEME	NTING RECO	RD					
HOLE SIZE CASING & TURING SIZE						DEPTH SET				SACKS CEMENT			
												<u></u>	
													
							,						
V. TEST DATA AND REQUE	ST FOR	ALLC	OW A	ABLE	,	1.		ton alla.	uahla far	thic dant	or he for full ?	4 hours	
OIL WELL (Test must be after reco	very of tol	tal volun	ne of	load oil a	ind must	be equ	al to or exceed	iop aliov	vanie joi	uns acpui	or be jor just 2	+ nours.)	
Date First New Oil Run to Tank Date o							Producing Method			T			
Length of Test		Tubing Pressure					Casing Pressure			Choke Size			
Actual Prod. During Test		Oil - BBLS					Water - BBLS			Gas - MCF			
GAS WELL	,							_		Τ			
Actual Prod. Test - MCF/D	Length of Test					Bbls	Bbls.Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)					Casi	Casing Pressure (Shut-In)			Choke Size			
VI. OPERATOR CERTIFICAT	E OF C	OMPL	JAN	ICE		 					N. D	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
I hereby certify that the rules and r Division have been complied with a	nd that the	informa	ation	given abo	on ve		OIL	CON	SERV	ΆΤΙΟ:	N DIVISIO)N	
is true and complete to the best of n	iy knowle	age and	DCIIC	4.		[Date Approv	ved		MAD '	2 2 1002		
Deretal Durall						Date Approved MAR 2 3 1993							
Signature						By Harrish L Manney RY ITEMS CONTON - K. ARR LINGSON							
Dorothy Duvall Tech.Admin.Asst., Regulatory Affairs								=, ,,	a er e		suc Pe		
Printed Name FEB 2 3 1993	Title 713 <u>/7</u> 3	783- <u>0376</u>	<u>. </u>			-	Title						
Date		hone No											

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.