Submit 5 Copies Appropriate District Office DISTRICT 1 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

P.O. Drawer DD, Artesia, NM 88210

P. O. Box 1088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	10 1	TAN	SPURI	OIL /	AND	NATURA	IL GA	<u> </u>					
Operator MAERSK ENERGY Inc.	Well API No. 30-041-10208												
Address 2424 Wilcrest, Suite 200, Houston, T	exas 77042-	2753											
If change of operator give name	Change il isinghead Gas		Cond	ensate 🗆		Other (Pleas							
II. DESCRIPTION OF WELL A													
Lease Name Milnesand Unit					uding Formation Kind of Lease nd-San Andres State, Federal								
Location Unit Letter O : 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line SW SE Section 24 Township 8S Range 34E NMPM County Roosevelt II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS													
Name of Authorized Transporter of Oil  or Condensate  Plaine Merketing & Transportation; Inc. / Peace Official						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.													
If this production is commingled with that IV. COMPLETION DATA	t from any of	her leas	es or pool,	give com	ımıngıı	ng order numbe	r:						
Designate Type of Completion - (X)	Oil W	ell	Gas Well	New \	Well	Workover	Deepen	Piu	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										Depth Casing Shoe			
		TURII	NG. CASIN	IG AND	CEME	NTING RECOR	RD.						
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
V. TEST DATA AND REQUES OIL WELL (Test must be after reco				nd must	he eau	al to or exceed i	top allowa	ble for	this depth	or be for full	24	hours.)	
Date First New Oil Run to Tank		of Tes				Producing Metho							
					$\dashv$	Casing Pressure			Choke Size				
					Water - BBLS			Gas - MCF					
Actual Prod. During Test Oil - BBLS  GAS WELL						water - BBLS			Gas -		_		
Actual Prod. Test - MCF/D						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.					OIL CONSERVATION DIVISION MAR 2 3 1993								
Derotal Duvsel					By Note at the state of the sta								
Dorothy Duvall Tech.Admin.Asst., Regulatory Affairs Printed Name FEB 2 3 1993 Title 713/783-0376													
Date	1	itle											

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.
- All sections of this form must be filled out for allowable on new and recompleted wells.
   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.