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

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

Operator MAERSK ENERGY Inc.									Well API No. 30-041-20648				
Address 2424 Wilcrest, Suite 200, Houston, To	exas 7	7042-2753				· ·							
change of operator give name	singhed	ange in Tr		Dry Cond	ensate []		ase explain)					
nd address of previous operator <u>Xeric</u> I. DESCRIPTION OF WELL A	Oil & ND L	Gas Comp EASE	oany,	P. O. B	ox 3131	1, M	dland, lexas /	7/10					
Lease Name Milnesand Unit	Well No. Pool Name, Inclu 523 Milnesan					ling Formation Kind of State (or Fee	1	se No. 062178	
Location Unit Letter A: Section 13 Township II. DESIGNATION OF TRANS	90 8 S PORT		Range		E	N	ne and 90 MPM GAS	Feet Fro			North I Roosevelt	ine	
Name of Authorized Transporter of Oil & or Condensate Plaine Marketing & Transportation, Inc. Prince Pepeline 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						o be sent)	
If well produces oil or liquids, give location of tanks.	j	Unit Sec H 13		Twp. 8S	Rgr. 34E	'	If gas actually connected? YES			When? 6-8-82			
If this production is commingled with that IV. COMPLETION DATA	from a	iny other i	eases	or pool, g	give con	umingi	ing order number	··			· · · · · · · · · · · · · · · · · · ·		
Designate Type of Completion - (X)		Oil Well	G	as Well	New	Well	Workover	Deepen	Plu	g Back	Same Res'v	Diff	
Date Spudded	Date Compl. Ready to Prod.					Total	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						
						CEMENTING RECORD							
HOLE SIZE	HOLF SIZE CASING & TUBING SIZE						DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FO	R ALL	OWA	BLE							h - 6 6 - 11 2	(haven)	
OIL WELL (Test must be after recovery of total volume of load oil and must						Producing Method							
Date First New Oil Run to Tank Date of Test Length of Test Tubing Pressure						Casing Pressure				Choke Size			
Actual Prod. During Test Oil - BBLS							Water - BBLS				Gas - MCF		
GAS WELL	T									<u> </u>			
Actual Prod. Test - MCF/D	Length of Test						Bbls.Condensate/MMCF				Gravity of Condensate Choke Size		
Testing Method (pilot,back pr.)	Tubing Pressure (Shut-In)				Cas	Casing Pressure (Shut-In)				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 Date Approved							
Signature							By ORIGINAL DISINGO BY STREET SEXTON						
Dorothy Duvall Tech.Admin.Asst., Regulatory Affairs Printed Name FEB 2 3 1993 Title 713/783-0376							Title	\$ 18 T \$ 5			ISOR		
Date													

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.