District 1 PO Box 1940, Hobbs, NM 88241-1980

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994

District II PO Drawer DD, Artesia, NM \$8211-0719

OIL CONSERVATION DIVISION PO Box 2088

Instructions on back Submit to Appropriate District Office 5 Copies

District III

| District IV   |                 |                          |                           | Santa                  | Fe, NI      | M 8750                       | 4-2088                                       | 1                      |   | Г              |                 | ENDED REPOR         |  |
|---|-----------------|--------------------------|---------------------------|------------------------|-------------|------------------------------|--|------------------------|---|----------------|-----------------|---------------------|--|
| PO Box 2088,<br>I.  |                 |                          | Γ FOR A                   | LLOWA                  | BLE A       | ND AU                        | JTHOE  | TASIS                  | TON TO T  | ے<br>RANS      |                 |                     |  |
| I. REQUEST FOR ALLOWABLE AND AUTHORIZAT Operator name and Address |                 |                          |                           |                        |             |                              |  |                        | <sup>1</sup> OGRID Number                           |                |                 |                     |  |
| XERIC OIL & GAS CORPORATION P. O. BOX 51311  EFFECTIVE 5-27-      |                 |                          |                           |                        |             |                              |  |                        | 025412  |                |                 |                     |  |
| P. O. BOX 51311  MIDLAND, TX 79710                                |                 |                          |                           |                        |             |                              | <del>- 0</del> /                             |                        | <sup>3</sup> Remon for Flling Code<br>CH            |                |                 |                     |  |
| OH API Number   |                 |                          |                           |                        |             | Pool Nam                     |  |                        | ' Pool Code   |                |                 |                     |  |
| 30 - 0 14   |                 |                          |                           | San Andres             |             |                              | 4693D  |                        |   |                |                 |                     |  |
| 110   | roperty Cod     | •                        |                           | Property Name<br>leral |             |                              |  | ' Well Number          |   |                |                 |                     |  |
| II. 10  | Surface         | Location                 |                           | Clai                   |             |                              | 1 32   |                        | 32  |                |                 |                     |  |
| Ul or lot nor Section Townshi                                     |                 | Township                 | Range Lot.ldn Fe          |                        |             | et from the North/Sou        |  |                        |   | East/West line |                 | County              |  |
| 30  |                 | 8S                       | 35E                       |                        | 23          | Nor                          |  | h                      | 285   | E              | ast             | Roosevelt           |  |
| UL or lot no.   |                 | Hole Loc                 | ation Range               | Lot Ida                | F. 46       |                              |  |                        | 1   | 1              |                 |                     |  |
|   |                 | 10                       | Kange                     | Loc los                | Feet fr     | om the                       | North/South line                             |                        | Feet from the                                       | East/West line |                 | County              |  |
| 12 Lee Code   | 13 Produc       | ing Method Co            | de H Gas                  | Connection Da          | te 15       | C-129 Perm                   | it Number                                    |                        | C-129 Effective                                     | Date           | " c-            | 129 Expiration Date |  |
|   | Lin             | <u>eat</u>               |                           |                        |             |                              | ·········                                    |                        |   |                |                 | •                   |  |
| III. Oil a  |                 |                          |                           | rters Transporter Name |             |                              |  |                        |   |                |                 |                     |  |
| OGRID   |                 | and Address              |                           |                        |             | * POD                        |  | 24 O/G                 | <sup>22</sup> POD ULSTR Location<br>and Description |                |                 |                     |  |
|   |                 |                          |                           |                        |             |                              |  |                        | ÷   |                |                 |                     |  |
| e8 4.4  |                 |                          |                           |                        |             |                              |  |                        |   |                |                 |                     |  |
|   |                 |                          |                           |                        |             |                              |  |                        |   |                |                 |                     |  |
|   |                 |                          |                           |                        |             |                              |  |                        |   |                |                 |                     |  |
|   |                 |                          |                           |                        |             |                              |  | ,                      | <del></del>   |                |                 |                     |  |
|   |                 |                          |                           |                        |             |                              |  |                        |   |                |                 |                     |  |
|   |                 | <del></del>              |                           |                        |             |                              |  |                        | <del></del>   |                |                 | <del></del>         |  |
|   |                 |                          |                           |                        |             |                              |  |                        |   |                |                 |                     |  |
| V. Produ  | uced Wa         | ter                      | <del></del>               |                        |             |                              |  | !                      |   |                |                 |                     |  |
| 15  | POD             |                          |                           | <del></del>            |             | " POD UL                     | TR Locat                                     | on and D               | escription  |                |                 |                     |  |
| V. Well (   |                 |                          | -                         |                        | <del></del> |                              |  |                        |   | -              |                 |                     |  |
| V. Well Completion Data  ** Spud Date                             |                 |                          | 24 Ready Da               |                        | n ID        |                              |  |                        |   |                |                 |                     |  |
|   |                 |                          | Ready Date                |                        |             | T ID                         |  |                        | * PBTD  |                | 2º Perforations |                     |  |
| <sup>36</sup> Hole Size   |                 |                          | 31 Casing & Tubing Size   |                        |             | 22 Depth Set                 |  |                        | <sup>23</sup> Sacks Cement                          |                |                 | Cement              |  |
|   |                 |                          |                           |                        |             |                              |  |                        |   |                |                 |                     |  |
|   |                 |                          |                           |                        |             |                              |  |                        |   |                |                 |                     |  |
| ·····   |                 |                          |                           |                        | ·····       | _                            |  |                        |   |                |                 |                     |  |
| VI. Well  | Test Da         |                          |                           |                        |             |                              |  | tight Physical Control |   |                |                 |                     |  |
|   |                 |                          | Delivery Date × Test Date |                        |             | " Test Length                |  |                        | M Thg. Pressure M Csg. Pressure                     |                |                 | f Con D             |  |
|   |                 |                          |                           |                        |             |                              |  | -                      | rof. I Castle                                       |                |                 | Cig. Fressure       |  |
| ** Choke Size   |                 |                          | Oil Water                 |                        |             | <sup>40</sup> Gas            |  |                        | " AOF   |                | <del> </del>    | 4 Test Method       |  |
| " I hereby cerus  | fy that the rul | es of the Oil C          | onservation Di            | vision have been       |             | <del></del>                  |  |                        |   |                | <u> </u>        |                     |  |
| with and that the   | e amountarious  | given above is           | true and comp             | lete to the best of    | of my       |                              | OII  | L CON                  | ISERVATI  | ON D           | IVISI           | ON                  |  |
| Signature:  |                 |                          |                           |                        |             |                              | Approved by: ORIGINAL SIGNED BY JERRY SEXTON |                        |   |                |                 |                     |  |
| Printed name: Jo LILO LC  |                 |                          |                           |                        |             | Title: DISTRICT I SUPERVISOR |  |                        |   |                |                 |                     |  |
| Title: 0 (  | ase f           | MALTS                    | 1                         | . L-86                 |             |                              | Approval Date: AllG 0 1 1994                 |                        |   |                |                 |                     |  |
| Date: (0/9/94 Phone (915) (83-317)                                |                 |                          |                           |                        |             |                              |  |                        |   |                |                 |                     |  |
| " If this is a ch   | ange of oper    | ator fill in the         | OGRID num                 | ber and name           | of the prev | ious operato                 | r  |                        |   |                |                 |                     |  |
| Mar   | is an           | M. Ma<br>perator Signati | Dias                      |                        |             | n Marti                      | lnez   |                        | Production  | on Ana         | alyst           | 7-19-94             |  |
| FINA OII  |                 | _                        | <i>-</i> 1                | OGRID:                 | 007         | Printed<br>853               | Name   |                        |   | Tid            | e               | Date                |  |