

OIL CONSERVATION DIVISION

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator XERIC OIL & GAS COMPANY		Well API No. 30-041-20837 ✓
Address P.O. BOX 51311, MIDLAND, TEXAS 79710-1311		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	EFFECTIVE DATE TO BE 4-1-93
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>		
If change of operator give name and address of previous operator WILLIAMS OIL COMPANY, P.O. BOX 3012, MIDLAND, TX 79702		

II. DESCRIPTION OF WELL AND LEASE

Lease Name BROWN	Well No. 1	Pool Name, including Formation CHAVEROO, N.E. - S.A.	Kind of Lease State, Federal or Fee <input checked="" type="radio"/>	Lease No. ----
Location Unit Letter J : 1980 Feet From The SOUTH Line and 2310 Feet From The EAST Line Section 5 Township 7S Range 34E, NMPM, ROOSEVELT County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PRIDE PIPELINE COMPANY P.O. BOX 2436, Abilene, TX 79604					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) WARREN PETROLEUM COMPANY P.O. BOX 1589, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 5	Twp. 7S	Rge. 34E	Is gas actually connected? Yes	When? 1-6-89

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

IV. COMPLETION DATA

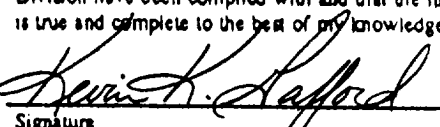
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9-16-88	Date Compl. Ready to Prod. 11-7-88	Total Depth 4218'	P.B.T.D. 4195'					
Elevations (DF, RKB, RT, GR, etc.) 4331' GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 4118'	Tubing Depth 4127'					
Performances 4121' to 4164'			Depth Casing Shoe 4218'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8 5/8"	472'	285 sx					
7 7/8"	4 1/2"	4218'	600 sx class c+					
			225 sx 50-50 poz					

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 11-7-88	Date of Test 11-10-88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 20psi	Casing Pressure 20psi	Choke Size open
Actual Prod. During Test	Oil - Bbls. 55	Water - Bbls. 21	Gas - MCF 65
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.

  
Signature  
KEVIN K. GAFFORD OPERATIONS MANAGER  
Printed Name  
4-1-93 (915) 683-3171  
Date Telephone No

OIL CONSERVATION DIVISION

Date Approved APR 02 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.