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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

## State of New Mexico E. 3y, Minerals and Natural Resources Departme

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS

Operator Xeric Oil δ										
ACLIC CIT C	Gas Co	ompany								
ddress	1211 W	41224	, тх 79	710						
P.O. Box 51		idland	, 1		t (Please expla	in)				
eason(s) for Filing (Check proper box	,	Change in T	ransporter of:							
w Well	Oil		Ory Gas							
completion Anange in Operator	Casinghea	_	Condensate							
				T == 0.2	1 M Ca	nger	Hobbs,	NM 88	240	
hange of operator give name Hac Hac	ison Pei	trolew	m (USA)	Inc. 92	1 W. Sa	nger	HODUS .	1911		
DESCRIPTION OF WEL	L AND LEA	ASE		<del> </del>		12:-4 -	( Lease	1	ase No.	
ease Name		1 - 1	Pool Name, Inclu	· , _	on l	(State)	Federal or Fee	E-31		
Gulf State		1	Pea	II (Que	en,	<u> </u>		F-31	7.7	
ocation	_		•	r L 1.	660		t From The _	West	Lin	
Unit LetterE	:1	<u>980                                    </u>	Feet From The $\underline{\mathbb{N}}$	orth Lin	and 600	Fe	et From The _	Nese	Lin	
Section 36 Town	19	9S 1	Range 34	E M	MPM, L	ea			County	
Section 36 Town	isnip ±	<del>50</del> .	Range 32	.۱۹۰	116 171,					
I. DESIGNATION OF TRA	ANSPORTE	R OF OIL	L AND NAT	URAL GAS						
ame of Authorized Transporter of Oil	Address (Gi	Address (Give address to which approved copy of this form is to be sent)								
Shell Pipeline		XX or condensate						ston, TX 77252		
ame of Authorized Transporter of Ca			or Dry Gas	Address (Gir	e address to wh	ich approved	copy of this fo	rm is so be se	nt)	
						1				
well produces oil or liquids,	Unit	E   36   19S   34E			no L			?		
ve location of tanks.										
this production is commingled with the	hat from any oth	ner lease of po	ool, give commin	gling order num	ber:					
V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic	on - (X)	I TOTAL WELL	1	1					_i	
Date Spudded	Date Com	pl. Ready to I	Prod.	Total Depth	<u> </u>		P.B.T.D.			
_										
levations (DF, RKB, RT, GR, etc.)	Name of P	roducing For	mation	Top Oil/Gas	Pay		Tubing Dept	h		
.,					Depth Casing Shoe					
erforations							Depar Casing	5 01100		
		MIDNIC (	CASING AND	CEMENTI	NG RECOR	<u>D</u>	<u> </u>		<del></del>	
UOLE 0175			CASING AN	CEMENTI		D	<u>'</u>	ACKS CEM	ENT	
HOLE SIZE		TUBING, (		CEMENTI	NG RECOR DEPTH SET	D	<u> </u>	ACKS CEM	ENT	
HOLE SIZE				CEMENTI		D	S	ACKS CEM	ENT	
HOLE SIZE				CEMENTI		D	S	ACKS CEM	ENT	
HOLE SIZE				CEMENTI		D	S	ACKS CEM	ENT	
. TEST DATA AND REQU	JEST FOR A	SING & TUE	BING SIZE		DEPTH SET					
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T. TEST DATA AND REQU OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test	CA  JEST FOR A  er recovery of to  Date of Te  Tubing Pre	ALLOWA  olal volume of states	BING SIZE	Producing M  Casing Press  Water - Bbls	exceed top alloethod (Flow, pu	owable for this	s depth or be fitc.)  Choke Size	or full 24 hou		
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7. TEST DATA AND REQUIL WELL (Test must be after Date First New Oil Run To Tank Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  esting Method (pitot, back pr.)	CA  JEST FOR A  er recovery of to  Date of Te  Tubing Pre  Oil - Bbls.  Length of  Tubing Pre	ALLOWA  olal volume of state  Test  essure (Shut-	BLE fload oil and mu	Casing Press  Water - Bbls  Bbls. Conde	exceed top alloethod (Flow, put	owable for thi ump, gas lift, e	Choke Size  Gravity of C  Choke Size	or full 24 hou	75.)	
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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.