Submit 5 Copies Appropriate District Office DISTRICT 1 O. Box 1980, Hobbs, NM 88240

I

Operator

Address

New Well

Recompletion

Lease Name

Date Spudded

Location

P. O.

Change in Operator

Section

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM \$7410

STATE OF THE WATCHING nergy, Minerals and Natural Resources Depart

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

797<u>01</u>

Line

County

Diff Res'v

Lease No.

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. 30-025-03177 Xeric Oil & Gas Company Box 51311, Midland, Texas 79710 Reason(s) for Filing (Check proper box) Other (Please explain) Change in Transporter of: Dry Gas 1 Oil X Casinghead Gas 🗌 Condensate (Effective November 1, 1989) If change of operator give name Tamarack Petroleum Co., Inc., 500 W. Texas, Ste. 1485, Midland, TX II. DESCRIPTION OF WELL AND LEASE Kind of Lease Pool Name, Including Formation Well No. State, Federal or Fee Northeast Pearl Queen Unit 5 Pearl Queen 660 _ Feet From The <u>North</u> Line and <u>660</u> _ Feet From The ____East Unit Letter <u>35-E</u> Lea Township 19-S Range , NMPM 22 wal * nfeitien **III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS** Address (Give address to which approved copy of this form is to be sens) Name of Authorized Transporter of Oil or Condensate - \mathbf{X} Box 2648, Shell Pipe Line Company Houston, Texas 77252 Ρ 0. Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, TUTSA, Oklahoma 74102 Name of Authorized Transporter of Casinghead-Gas \square or Dry Gaa Warren Petroleum Corporation top Rge. When? If well produces oil or liquids, Sec. Is gas actually connected? Unit N/A give location of tanks. __C 23 119-5-135-E Yes If this production is commingled with that from any other lease or pool, give commingling order number. IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen | Plug Back |Same Res'v 1 Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth

erforations	· · · · · · · · · · · · · · · · · · ·		Depth Casing Shoe
	TUBING, CASING AND CH	MENTING RECORD	•
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) 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.	Waler - Bbla.	Gas- MCF	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		`	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-m)	Casing Pressure (Shut-in)	Choke Size

VL 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.

~
5 Owner
Title
915/683-3171
Telephone No.

OIL CONSERVATION DIVISION NOV 1 5 1989

Date Approved .

Orig. Signed by

Paul Kautz Geologist

Title_

By ___

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.