Submit 5 Copies Appropriate District Office DISTRICT I P.O. Pop. 1020, Mathematical States		nergy	, Minera	State of Is and N	New Mexic atural Resou	o 1rces Depar.	્રા					
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Antesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088									Instructions ottom of Page		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741		5	Santa Fo		Mexico 87:	504-2088						
I. Operator	• REC	DUEST TO TF	FOR A	LLOWA	BLE AND	AUTHOR	IZATION	I				
Morexco, Inc								API No.				
Address P.O. Box 481, Arte	sia. Ne	W Movi										
Reason(s) for Filing (Check proper box New Well)		· · · · · ·	8211-0		ther (Please exp	lain)		·····			
Recompletion	Oil	Change	in Transp Dry G									
Change in Operator X If change of operator give name Vou		ead Gas	Conde		(E	ffective	June 1	,1991)				
and address of previous operator ACT	10 011	& Gas	Compa	ny, P.	0. Box 5	51311, Mi	dland,	Texas 7	79710			
II. DESCRIPTION OF WELL Lease Name		Well No	. Pool N	ame, Inclu	ding Formation		V:					
Northeast Pearl Que	en Unit	18	Pe	arl Qu	een	· · · · · · · · · · · · · · · · · · ·	State	of Lease Federal or Fe	æ	Lease No. E5837		
Unit LetterL	:	2310	_ Feet Fi	om The _	<u>South</u> Li	ne and 33	0 -		Mash			
Section 23 Towns	hip 19-	S	Range	35-E				Feet From The	west	Line		
III. DESIGNATION OF TRA	NSPODT		AL				d			County		
III. DESIGNATION OF TRA		or Conde	DIL AN ensate		JRAL GAS Address (Gi	INJE ve address to wi	CTION W	ELL d com of this (
Name of Authorized Transporter of Casi	nghead Gas	·····	or Dry							I		
If well produces oil or liquids,		لیے 		·	Address (Gin	ve address to wi	uich approved	d copy of this f	orm is to be	seni)		
give location of tanks.	e location of tanks.						When ?					
If this production is commingled with the IV. COMPLETION DATA	t from any ot	her lease of	pool, giv	e comming	ling order num	iber:						
		Oil Wel	1 0	as Well	New Well	Workover		······				
Designate Type of Completion		pl. Ready t	i		Total Depth		Deepen	Plug Back	Same Res'v	Diff Res'v		
Elevations (DF, RKB, RT, GR, etc.)								P.B.T.D.				
				Top Oil/Gas	Pay		Tubing Depth					
Perforations					J			Depth Casing	3 Shoe			
	TUBING, CASING A				CEMENTI	NG RECORI						
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
				······								
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE		I	·		<u> </u>				
OIL WELL (Test must be after) Date First New Oil Run To Tank	Date of Tes	a volume	oj 10aa ol	and must	be equal to or Producing Me	exceed top allow thod (Flow, pur	wable for this 19, gas lift, et	depth or be fo	r full 24 hou	rs.)		
Length of Test	Tubing Pressure				Casing Pressu			Choke Size				
Actual Prod. During Test	Oil - Bbls.							Choke Size				
	Ull - Bbis.				Water - Bbls.			Gas- MCF				
GAS WELL Actual Prod. Test - MCF/D	1									J		
	Length of Test Tubing Pressure (Shut-in)				Bbls. Condens	ale/MMCF		Gravity of Co	ndensate			
esting Method (pitol, back pr.)					Casing Pressur	re (Shut-in)		Choke Size				
	<u></u>				r							
VI. OPERATOR CERTIFIC	ATE OF	COMP		ਸਾ	1							
Division have been complied with and t	tions of the (Dil Conserv	- 4 -	Æ	0	IL CONS	SERVA	TION D	VISIC	N		
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and t is true and complete to the best of my k	tions of the (Dil Conserv	- 4 -	Æ				TION D	IVISIC	N		
I hereby certify that the rules and regula Division have been complied with and t is true and complete to the best of my k	tions of the (hat the inform nowledge and	Dil Conserv	- 4 -	Æ		OIL CONS		TION D	IVISIC	PN		
Reference of the set o	tions of the (hat the inform nowledge and	Dil Conserv nation gives i belief.	ation n above		Date	Approved ORIGINAL	SIGNED B	UN 1 3	1991	N		
I hereby certify that the rules and regula Division have been complied with and t is true and complete to the best of my k <u>Reflect as OLSD</u> Signature	tions of the (hat the inform nowledge and Produ	Dil Conserv nation gives d belief.	ation n above <u>Analy</u> Tiue		Date , By	Approved ORIGINAL	SIGNED B	UN 1 3	EXTON	N 		

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 All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

1

JUN 1 2 1991 CCB Submit 5 Copies Appropriate District Office DISTRICT J P.O. Box 1980, Hobbs, NM 88240

I.

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

State of New MEXICO E /, Minerals and Natural Resources Department

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., Aztec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No.

Operator									
Xeric Oil & Gas Compa	ny								
Address	and Toyac	79710							
P. O. Box 51311, Mid1	and, lexas	/9/10	Othe	(Please explai	n)				
Reason(s) for Filing (Check proper box)	Change in	Transporter of:							
New Well		Dry Gas						、	
Recompletion L	Casingbrad Gas						1, 1989		
Change in Operator	rack Petroleur		500 W	Texas.	Ste. 148	35, Mid	land, TX	<u>79701</u>	
f change of operator give name Tamar nd address of previous operator	ack Petroleu	m co., mc.	<u>, 500 m.</u>						
IL DESCRIPTION OF WELL A	AND LEASE							ise No.	
Lease Name	Well Na.	Pool Name, Includin	g Formation Kin			Lease ederal or Fee			
Northeast Pearl Queen L	Unit 18	Pearl Quee	<u>n</u>		0		E583	27	
Location				22	^		West		
	. 2310	Feet From The	outh Line	and33	0 Fee	From The _	NESU	Line	
Unit Letter	• ·				1.02			County	
Section 23 Township	<u>19-5</u>	Range 35-E	<u>, N</u>	APM.	Lea		. 3		
				()	ation	5 i.	rell ,		
III. DESIGNATION OF TRAN	SPORTER OF OI	L AND NATUR	RAL GAS	e estar ess 10 wh	ick approved	coor of this f	orm is so be se	nt)	
Name of Authorized Transporter of OU	or Condea:			ox 2648,	Houston	Техая	77252		
Shell Pipe Line Company	×		P. 0. B	e address 10 wh	ich approved	copy of this f	orm is so be se	nt)	
Name of Authorized Transporter of Casing	ghead 🗛 🖾	or Dry Gas	D A R	0×1589 ,	Tulsa.	Oklahom	na 74102	2	
Warren Petroleum Corpo	ration		Is gas actually		When				
If well produces oil or liquids,	Unit Sec.	Twp Re. 19-5 35-E	Yes	,		NA			
pive location of tanks.	C 23		the second se	ber					
If this production is commingled with that i	from any other lease or j	pool, give commung							
IV. COMPLETION DATA	lon 14-11	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion			1	1	í i	-	1	1	
	Date Compl. Ready to	 Prod.	Total Depth	1		P.B.T.D.			
Date Spudded	Date Comp. Ready ~							······	
	Name of Producing Fr	mation	Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation									
						Depth Casi	ng Shoe		
Performions						<u> </u>			
	TUBING.	CASING AND	CEMENTI	NG RECOR	D				
HOLE SIZE				DEPTH SET			SACKS CEMENT		
HOLE SIZE						+			
	-								
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE				a darah ar hu	for full 24 ha	(J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
OIL WELL (Test must be after)	recovery of total volume	of load oil and must	be equal to o	r exceed lop all lethod (Flow, p	owable for the	etc.)			
Date First New Oil Run To Tank	Date of Test		Producing N	tethod (riow, p	and the idea				
			C Day			Choke Size Gas- MCF			
Length of Test	Tubing Pressure		Casing Pres	uic					
			Water · Bbl	•					
Actual Prod. During Test	Oil - Bbls.		Willer . Doi	•					
						_1			
GAS WELL						10	Condenesta		
AS WELL Tual Prod. Test - MCF/D Length of Test			Bbls. Conde	in sate/MMCF		Gravity of Condensate			
			\\			Choke Size			
Tosting Method (pilot, back pr.)	Tubing Pressure (Shu	1·n)	Casing Pres	sure (Shut-in)					
VI. OPERATOR CERTIFIC	ATE OF COM	PLIANCE		OILCO			I DIVISI	ÓN	
Themby certify that the niles and resu	ulations of the Oil Conse	rvation			NGERV			00	
Division have been complied with ADC	NOV 1 5 1989								
is true and complete to the best of my	/ knowledge and belief.		Date ApprovedNUV 1 0 1000						
-7 N/M	, /		11			Orig. Sig	ned hv		
- Kalill	· Cem-		By			Paul K	autz		
Signature						Geolog	gist		
- trandall (APPS	Duner	Titl	•					
Printed Name	Giels	83-3171		₫					
11-7-89	Te	lephone No.							
Dale							at the state of the		

and the second second second

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.