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

State of New MICKEY Energy, Minerals and Natural Resources Depar nt 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 \$7410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		10 IHA	INSPU	ווט ואכ	L AND NAT	UNAL G	70	150 51			
Operator Odd R. Con Company						Well AP! No. 30-025-03197					
Xeric Oil & Gas Company 30-025-03197											
P. O. Box 51311, Midland, Texas 79710											
Reason(s) for Filing (Check proper box) Other (Please explain)											
New Well Change in Transporter of: Recompletion Dry Gas											
Recompletion		(Effective November 1, 1989)									
If change of operator give name and address of previous operator Tamarack Petroleum Co., Inc., 500 W. Texas, Ste. 1485, Midland, TX 79701											
IL DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Include					ing Formation		Kind of Lease		ease No.		
Northeast Pearl Queen Unit 8 Pearl Que					en L			Federal or Fe	rederal of (ree)		
a con Nouth 2210 Fact									Line		
Section 23 Township 19-5 Range 35-E NMPM, Lea County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Oil Shell Pipe Line Compan	~ <u>α</u>	or Concer	ELE.		1	_				 /	
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					:nl)	
Warren Petroleum Corpo	ration			P. O. Box 1589, Tursa. Is gas actually connected? Whe							
If well produces oil or liquids, give location of tanks.	Unit	Sec. 23	Twp	Rge. 35 - E	Is gas actually Yes	connected?	Wben	N/A			
If this production is commingled with that	1				,	r:					
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	0	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compil. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casiz	Depth Casing Shoe		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
HOLE SIZE	CASING WITCHING SEE										
								_			
						· · · · · · · · · · · · · · · · · · ·		1			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		<u> </u>						
OIL WELL (Test must be after re			of load or	l and musi	be equal to or e	xceed top allo	mable for the	is depth or be	for full 24 hou	<u>rs.) </u>	
Date First New Oil Run To Tank	Date of Tes	1			Producing Met	nou (<i>r low, p</i> u	епф. Заз іўі,	EPC./			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
					Water - Bbis.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			ANTEL - DOLF							
GAS WELL								· 1 👝	A		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
	<u></u>				\			1			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved NOV 1 5 1989						
CP NMN					Dato Approved						
Signature Signature					Ву	Orig. Signed by Paul Kautz					
Kandall Capps owner								Geologis	t		
Printed Name Title //-7-89 9/5-683-3/7/ Date Telephone No.					Title_			···			
Date	11										

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.