

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-105
Revised 1-1-89

WELL API NO.

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

E-6005

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well:

OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER ☐

b. Type of Completion:

NEW WELL ☐ WORK OVER ☒ DEEPEN ☐ PLUG BACK ☐ DIFF RESVR ☐ OTHER ☐

2. Name of Operator

Xeric Oil & Gas Company

3. Address of Operator

POB 51311, Midland, Texas 79710

7. Lease Name or Unit Agreement Name

Pure State

8. Well No.

1

9. Pool name or Wildcat

Pearl Queen

4. Well Location

Unit Letter P: 660 Feet From The South Line and 330 Feet From The East Line

Section 36 Township 19-S Range 34 36-E NMPM Lea County

10. Date Spudded

11. Date T.D. Reached

12. Date Compl. (Ready to Prod.)

7-10-90

13. Elevations (DF& RKB, RT, GR, etc.)

RKB 3702'

14. Elev. Casinghead

3693'

15. Total Depth

16. Plug Back T.D.

17. If Multiple Compl. How

Many Zones? 2

18. Intervals

Drilled By

Rotary Tools

Cable Tools

19. Producing Interval(s), of this completion - Top, Bottom, Name

Upper Queen

20. Was Directional Survey Made

no

21. Type Electric and Other Logs Run

22. Was Well Cored

23. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB/FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED

24. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

25. TUBING RECORD

SIZE	DEPTH SET	PACKER SET

26. Perforation record (interval, size, and number)

4614'-4634' 2spf

27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.

DEPTH INTERVAL

4614-4634

AMOUNT AND KIND MATERIAL USED

1300 gal 15% HCL, NEFE

28. PRODUCTION

Date First Production 7-10-90	Production Method (Flowing, gas lift, pumping - Size and type pump) pumping					Well Status (Prod. or Shut-in) producing	
Date of Test 7-10-90	Hours Tested 24	Choke Size -	Prod'n For Test Period	Oil - Bbl. 6	Gas - MCF 1	Water - Bbl. 204	Gas - Oil Ratio 167-1
Flow Tubing Press. 31 lbs.	Casing Pressure 31 lbs.	Calculated 24- Hour Rate	Oil - Bbl. 6	Gas - MCF 1	Water - Bbl. 204	Oil Gravity - API - (Corr.) 35.7	

29. Disposition of Gas (Sold, used for fuel, vented, etc.)

vented

Test Witnessed By

Michael Mooney

30. List Attachments

31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Signature

Printed
Name

Randall Capps

Title Owner

Date 7-19-90

Submit 5 Copies
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State of New Mexico
Energy, Minerals and Natural Resources Department

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator XERIC OIL & GAS COMPANY		Well API No.
Address P. O. BOX 51311 MIDLAND, TEXAS 79710		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pure State	Well No. 1	Pool Name, including Formation Pearl Queen (Queen)	Kind of Lease State, Federal or Fee State	Lease No. E6005
Location Unit Letter P : 660 Feet From The South Line and 330 Feet From The East Line Section 36 Township 19-S Range 34E, NMPM, Lea 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) P. O. Box 60628 Midland, Texas 79710	
Texaco Trading & Transportation		
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) Bartlesville, Ok	
Phillips 66 Natural Gas Co.		
If well produces oil or liquids, give location of tanks	Unit P	Sec. 36
	Twp. 19-S	Rge 34E
	Is gas actually connected? NO	
	When?	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. 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 Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls	Water - Bbls	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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

Xeric Oil & Gas Company

By: Nettie Anderson
Signature

Printed Name
Nettie Anderson office manager

Date
3-6-90

Telephone No.
(915) 683-3171

OIL CONSERVATION DIVISION

Date Approved **MAR 08 1990**

By Paul Kautz
Orig. Signed by
Geologist

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.