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

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

State of New Mexico 1ergy, Minerals and Natural Resources Depart

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Morexco, Inc. 30-025-20983 Address P.O. Box 481, Artesia, New Mexico 88211-0481 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Oil Change in Operator ∇ Casinghead Gas Condensate (Effective June 1, 1991) If change of operator give name and address of previous operator Xeric Oil & Gas Company, P.O. Box 51311, Midland, Tx79710 II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, Including Formation Kind of Lease Northeast Pearl Queen Unit Lease No. 10 Pearl Queen State, Federal or Fee Location 990 Feet From The North Line and _ Unit Letter 330 Line 24 Section Township 19-S Range 35-E , NMPM. Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate \square Shell Pipe Line Company P.O. Box 2648, Houston, Texas Name of Authorized Transporter of Casinghead Gas or Dry Gas (X) Address (Give address to which approved copy of this form is to be sent) Warren Petroleum Corporation P.O. Box 1589, Tulsa, Oklahoma 74102 If well produces oil or liquids, Unit Twp. Sec. Rge. give location of tanks. Is gas actually connected? When? C 23 |19-S|35-E Yes If this production is commingled with that from any other lease or pool, give commingling order number: December, 1964 IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Designate Type of Completion - (X) Deepen Plug Back Same Res'v Diff Res'v Date Spudded Date Compl. Ready to Prod. Total Depth 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 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 - Rbls Gas- MCF **GAS WELL** 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 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. Will be the . Date Approved _ Rebecca Olson By ORIGINAL SIGNED BY JERRY SEXTON Rebecca Ols**e**n Production Analyst DISTRICT I SUPERVISOR Printed Name 6-10-91 Title_ (<u>505</u>) 746 6520 Date Telephone No.

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
- 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.