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

STATE OF INEW INSTALLO Energy, Minerals and Natural Resources Depar nt Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							API No.	4		
Xeric Oil & Gas Comp	any	···				30-	-025-2111	4		
Address			70710							
P. O. Box 51311, Midland, Texas 79710 Reason(s) for Filing (Check proper box) Other (Please explain)										
New Well Change in Transporter of:										
Recompletion Oil Dry Gas										
Change in Operator	Casinghead	Gas 🔲	Condensate		(Eff	ective	November	1, 1989))	
If change of operator give name Tamarack Petroleum Co., Inc., 500 W. Texas, Ste. 1485, Midland, TX 79701										
			111 00.3 111	c., 500 h	10,000	300.	100, 11101	<u> </u>	<u> </u>	
IL DESCRIPTION OF WELL Lease Name	AND LEA	SE Well No.	Deal None Inch	dies Comption		Vind	of Lease	1	ease No.	
Northeast Pearl Queen Unit			Pool Name, Inch Pearl Qu	-		1	State, Federal or Fee			
Location				<u>een</u>						
Unit Letter A : 990 Feet From The North Line and 990 Feet From The East Line										
Olik Date:	- ·					• • • • • • • • • • • • • • • • • • • •	~ 1 1010 110 <u></u>			
Section 23 Townshi	p 19-S		Range 35	-E , N	мрм,	Lea		<u></u> .	County	
III. DESIGNATION OF TRAN	CDADTE	OFO	I AND NAT	IDAT GAS					•	
Name of Authorized Transporter of Oil		or Condens			we address to w	hich approved	copy of this for	m is to be se	nl)	
- IAI					P. O. Box 2648, Houston, Texas 77252					
Name of Authorized Transporter of Casing	Address (Gi	Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Casinghead Gas Warren Petroleum Corporation					P. O. Box 1589, Tulsa,			Oklahoma 74102		
If well produces oil or liquids, Unit				1 -	1		When ?		ļ	
give location of tanks.	1 C 1		<u> 19-S [35-E</u>	Yes		i	October,	1964		
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA										
T. COM DETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion		<u>i</u>	_i	<u> </u>	i	<u>i</u>	i i		<u> </u>	
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	Top Oil/Gas Pay			Tubing Depth		
Mario di Tionnia i Vinanda										
Perforations					Depth Casing Shoe					
					 					
TUBING, CASING AND				CEMENTI						
HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
		···					<u> </u>			
				 	<u>-</u>	,	 			
				1						
7. TEST DATA AND REQUEST FOR ALLOWABLE										
OIL WELL (Test must be after re		l volume of	load oil and muc					full 24 hour	<u>'.t'</u>	
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)										
ength of Test	Test Tubing Pressure			Casing Press	ine		Choke Size			
Augus of Ton	me		022				-			
actual Prod. During Test	tual Prod. During Test Oil - Bbls.			Water - Bbis.			Gas- MCF			
								· · · · · · · · · · · · · · · · · · ·		
GAS WELL										
cousi Prod. Test - MCF/D	Length of Test			Bbis. Conden	Bbls. Condensate/MMCF			Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Press.	Casing Pressure (Shut-in)			Choke Size		
T OPEN ATON CENTERS		701 m	TANCT	1			1			
L OPERATOR CERTIFICA					OIL CONSERVATION DIVISION					
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.				Date	Date Approved NOV 1 5 1989					
P DAI D					שמוש האייוטישע					
- Landell Cype					By					
Signature Randall Capos Owner					Pag Laur					
Printed Name Title				Title			Geol	ogiet <u>.</u>		
11-7-89		415/6	(83-3/2) cose No.		······································					
Date		1 eleph	KODE INO.	H						

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.