

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 Xeric Oil & Gas Company		Well API No. 30-025-30852
Address P. O. Box 51311, Midland, Texas 79710		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Other (Please explain)		
Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <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 Unocal State	Well No. 1	Pool Name, Including Formation Pearl (Queen)	Kind of Lease <u>State</u> Federal or Fee	Lease No. E-6005
Location Unit Letter <u>J</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>36</u> Township <u>19-S</u> Range <u>34-E</u> , NMPM, <u>Lea</u> 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"/> Koch Gathering Systems, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2256, Wichita, KS 67201	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1150, Midland, TX 79702	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>36</u>
	Twp. <u>19S</u>	Rge. <u>34E</u>
Is gas actually connected? <u>no</u>		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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>4-9-90</u>	Date Compl. Ready to Prod. <u>4-25-90</u>		Total Depth <u>5000'</u>		P.B.T.D. <u>4960'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3711'</u>	Name of Producing Formation <u>Queen</u>		Top Oil/Gas Pay <u>4611'</u>		Tubing Depth <u>4600'</u>			
Perforations <u>4611', 4612'</u>				Depth Casing Shoe <u>5000'</u>				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4</u>	<u>8 5/8</u>		<u>1820</u>		<u>935</u>			
<u>7 7/8</u>	<u>5 1/2</u>		<u>5000</u>		<u>875</u>			
<u>5 1/2</u>	<u>2 3/8</u>		<u>4600</u>					

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 <u>4-25-90</u>	Date of Test <u>4-26-90</u>	Producing Method (Flow, pump, gas lift, etc.) <u>pump</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>450 SI</u>	Casing Pressure <u>0</u>	Choke Size
Actual Prod. During Test <u>110 BO</u>	Oil - Bbls. <u>110</u>	Water - Bbls. <u>0</u>	Gas - MCF <u>70</u>

GAS WELL

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

Signature Greg McCabe Partner  
Printed Name 5-7-90 (915)683-3171  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 9 1990  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
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.

RECEIVED

MAY 8 1990

OCD  
HOBBS OFFICE