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

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

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							API NO.			
Xeric Oil & Gas Co.						30-025-30852				
idress P. C. Parr 5121	1 Mid1	Land,	TX 7971	0						
P.O. Box 5131	I MIG	Land,	1	Othe	r (Please expla	in) CASIN	IGHEAD G	AS MUST	NOT BE	
ason(s) for Filing (Check proper box)	,	Change in Tr	anenoder of:		,		D AFTER	10-2	5-90	
		٠,	. —			FLARE	DAFIER	OFOTION	20.0.400	
ompletion Oil Dry Gas C						UlleE	ESS AN EXCEPTION TO R-407			
hange in Operator	Casinghead	GasC	Onden sate			- 10 04	TAINED.			
change of operator give name d address of previous operator										
. DESCRIPTION OF WELL	AND LEA	SE							Na	
ease Name Unocal State	se Name Well No. Pool Name, Includi			ing Formation Kind of Queen) State			of Lease No. Federal or Fee E-6005			
				(2						
ocation Unit Letter J	. 16	50 .	eet From The	outh Line	and 165	0 _{Fe}	et From The	East	Line	
Unit Letter	·				_					
Section 36 Townsh	ip 19-	S R	ange 34-E	, NI	ирм, Le	<u>a</u>			County	
II. DESIGNATION OF TRAI	NSPORTE	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condensa		Address (Give	e address to wh				ent)	
Texaco Trading + Transportation P.O. Box 6062						628 M				
Name of Authorized Transporter of Casi	nghead Gas		r Dry Gas		e address to wh				ent)	
Warren Petro). Box				79702	
f well produces oil or liquids,					connected?	When	7			
ve location of tanks.	Jj	36 j	19S 34E	no	<u> </u>					
this production is commingled with that V. COMPLETION DATA	t from any other	r lease or po	ol, gave commang	ling order numi	xer:					
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		X	_i	X			<u> </u>	<u></u>		
Date Spudded 4 - 9 - 90	Date Compl	1. Ready to P 4 – 25 – 9	rod. 1 ()	Total Depth	5000'		P.B.T.D.	4960'		
levations (DF,(RKB) RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
3711	_	ueen		4611			4600'			
erforations							Depth Casir	ig Shoe	000'	
4611, 4612										
	T	UBING, C	ASING AND	CEMENTI	NG RECOR	D	.,			
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
12 1/4	8 5/8			1820				935		
7 7/8	5 1/2			5000			875			
5 1/2	2 3/8			4600						
. TEST DATA AND REQUE	ST FOR A	LLOWAE	BLE				منا بالمسال على الم	for 6.11 24 hou	ma :	
IL WELL (Test must be after	recovery of 101	al volume of	load oil and musi	be equal to or	exceed top allo	owable for th	is depin or be	jor juli 24 nou		
Date First New Oil Run To Tank	Date of Test		. 00	Producing Me	thod (Flow, pi	ump, gas iyi,		n		
4-25-90		4-26-90					pump Choke Size			
ength of Test 24 hours	Tubing Pressure 450 SI		Casing Pressure							
							Gas- MCF			
Actual Prod. During Test 110 BO	Oil - Bols.		Water - Bbls.			70				
110 00										
GAS WELL	Hearth of Test		Bbls. Condensate/MMCF			Gravity of Condensate				
Actual Prod. Test - MCF/D	Length of Test			Bols. Condensate Million						
esting Method (pitot, back pr.)	Tubing Pressure (Shui-in)			Casing Pressure (Shut-in)			Choke Size			
				-) <u></u>			!			
I. OPERATOR CERTIFIC					DIL CON	JOERY	ΔΤΙΩΝ	חואופור	NC	
I hereby certify that the rules and regu	lations of the (Dil Conserva	uon			VOET V				
Division have been complied with and that the information given above				APR 3 0 1990						
is true and complete to the best of my	knowledge an	d belief.		Date	Approve	ed	/ 1/ 11	V 100	'	
Me ha che							Man ev i	500V Ceve	مىآ	
Doney how Cable					By					
Signature Macaba			Partner	-, -		ST ST RE	CITSUPER	AIZOK	-	
Greg McCabe Printed Name	.,		ille 83-3171	Title						
Printed Name 3-26-90	(·								
Date		Teleph	ione No.	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.