Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> 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	REQU	EST FC	RALL	.OWAB	LE AND A	UTHORIZ	ZATION				
Ι.	•	TO TRA	<u>NSPO</u>	RT OIL	AND NAT	URAL GA	VS Well A	PI No.			
Operator								30-025-31011			
Xeric Oil & Gas	Compa	Company 50									
Address P.O. Box 51311,	Midla	nd, T	x 79	9710	Other	(Please expla	іл)				
Reason(s) for Filing (Check proper box)		Change in	Transport	er of:		•					
	Oil	· · · · · ·	Dry Gas	- C						1	
Change in Operator	Casinghea		Condens								
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE					Kind	of Lease		ase No.	
Lesse Name Jamaica State		Well No.		arl Qi	ng Formauon ueen		Suie	Federal or Fee	E-6	005	
Location	99	90	East Em	- The S	outh Lim	231	0 Fe	et From The	ast	Line	
	_ !		, <b>геа</b> гій				Lea			County	
Section 36 Townshi	<u>, 195</u>		Range	34E	, NN	1PM,	Lea			County	
III. DESIGNATION OF TRAN		ER OF O	IL ANI	<u>D NATU</u>	RAL GAS	address 10 W	hich approved	copy of this for	m is 10 be si	ni)	
Name of Authonized Transporter of Oil Pina Oil & Chem		or Conden	1/1	<del>T</del> aill	P-O-	Box 29	90, Mi(	lland, T	<u>x 79</u>	702	
Name of Authorized Transporter of Casing			or Dry (		Address (Give	address 10 w	hich approved	l copy of this for	m is to be st	ni)	
Phillips 66 Nat	ural (	<u>Jas Co</u>		<u>y</u>				essa, TX	797	62	
If well produces oil or liquids, give location of tanks.	Unii   0	<b>Sec</b> .   36	Twp.   195	Rge.   34E	Is gas actually NO	connected?	When   1	2-15-90			
If this production is commingled with that IV, COMPLETION DATA	-		A		ing order numb	er:					
Designate Type of Completion	- (X)	Oil Well		as Well	New Well X	Workover	Deepen	Plug Back S	Same Res'v	Diff Res'v	
Date Spudded		ipl. Ready to	Prod.		Total Depth			P.B.T.D.			
10/8/90	1	25/90			5100			5039			
Elevations (DF, RKB, RT, GR, etc.)		Producing Fo	ormation		Top Oil/Gas Pay			Tubing Depth	Tubing Depth		
3701 GR	Queen Sand				4600'			5000			
Perforations									Depth Casing Shoe		
4618.5-4619.5,	4894-	4900	<b>C</b> + 0D					5083			
	TUBING, CASING AND			DEPTH SET			5	SACKS CEMENT			
HOLE SIZE		CASING & TUBING SIZE			1802'			880 sx class "C"			
12 1/4						5083'		475 sx class "C"			
7 7/8	<u> </u>	1/2			······	5005					
V. TEST DATA AND REQUES	ST FOR	ALLOW	ABLE								
OIL WELL (Test must be after r	ecovery of	ioial volume	of load o	oil and musi	be equal to or	exceed lop al	lowable for th	is depih or be fo	r full 24 ho	urs)	
Date First New Oil Run To Tank	Date of T	est			· Producing Me	whod (Flow, p	nump, gas lýt.	eic.)			
10/25/90		11/13/90			Pumping			Chake Suza	Choke Size		
Length of Test		Tubing Pressure 30			Casing Press. 20	Ire			N/A		
24 hrs. Actual Prod. During Test					Water - Bbis			Gas- MCF			
Actual Frod. During reat		Oil - Bbls. 40			240			15			
GAS WELL								Gravity of C	ndensala		
Actual Prod. Test - MCF/D	Length of	Length of Test			Bbls. Condensate/MMCF				Gravity of Condensate		
Testing Method (pilol, back pr.)	Tubing Pressure (Shui-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE O	F COMI	PLIAN	ICE							
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.					Date Approved			0V 1 9 1950			
man an hom	111										
Signature	no f				By					-	
M. G. Mooney Engineer						Title					
Printed Name 11./15/90		915-6	83-3								
Dale		Tel	ephone N	ю	!						

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.

All sections of this form must be filled out for allowable on new and recompleted wells.
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.

30-025-31011

## INCLINATION REPORT

OPERATOR	Xeric Oil & Gas	ADDRESS P. O. Box 5	1311, Midland, TX 79710
LEASE NAME	Jamacia State	WELL NO. 1 FIF	ID Pearl
LOCATION	Section 36, T-19-S, R-34-E	Lea Coun	ty, New Mexico
	990/2:+2310/2		
DEPTH	ANGLÉ INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
435	1/2°	3.98	3.98
921	3/4°	6.15	10.13
1414	3/4°	6.51	16.64
1783	1 °	6.46	23.10
2247	3/4°	6.12	29.22
2709	1 °	8.09	37.31
3169	2 1/2°	20.06	57.37
0385	2 1/2°	9.42	66.79
3508	2 1/2°	5.36	72.15
4000	2 °	17.17	39.32
422 <b>3</b>	2 1/2°	9.72	39.04
4713	2 1/4°	19.23	118.27
5100	3/4°	5.11	123.38

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

SITTON DRILLI 7DD. TITI Presider

AFFIDAVIT:

Before me, the undersigned authority, appeared <u>Rohald Sitton</u> known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 17th day of October, 1990

ന്നയത്ത തനമുമായത്തായങ്ങൾ DOTINA COING £1 ary while, State of Toros Constraint Express 12-1-91 ຆຉຎຎຎຠຎຎຎຎຎຎຎຎຎຎ

Notary Public in and for the County of Leave State of Texas

SEAL