Submit 5 Copies Appropriate District Office <u>DISTRICT J</u> P.O. Box 1980, Hobbs, NM 88240

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

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

STARE OF NEW MICHEOU Energy, Minerals and Natural Resources Departrent

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

I.		TO TR	ANS	<u>90</u>	HI OIL	AND NA	UNALG	AG	Well	PI No.				
Operator		30-025-03321												
Xeric Oil & Gas Compa														
Address	and To		797	10										
P. O. Box 51311, Mid1	and, le	ixa s	191	10		Othe	x (Please exp	lain)						
Reason(s) for Filing (Check proper box)		Change i	n Trar	umort	er of:			•						
New Well	Oil		-	Gas										
Change in Operator		ud Gas	- ·	dens	ite		(Effe	cti	ve No	vember	1, 19	89)		
			-			., 500 W	Toyas	S	te 1	485. Mi	dland	. T	X 79701	
and address of previous operator lam	arack H	etroi	eum	0	., 110	., 300 M	. TEXUS	,		100, 111	Grund	<u> </u>		
IL DESCRIPTION OF WELL	AND LE	ASE												
Lease Name Well No. Pool Name, Inclu						ing Formation Ki				of Lease Federal or Fe	•	Lease No. LC 060881		
South Pearl Queen Uni	<u>t</u>	16		ear	1 Quee	<u>n</u>			June				00001	
Location		•			· ·	.	10	80			Eas	+		
Unit Letter0	_ :66	0	Fee	l Fro	n The	outh Line	and bas	00	Fe	et From The		<u> </u>	Line	
Section 4 Townshi	ip 20-S	•	D.		35-E	- NA	(PM)	Le	a				County	
Section 4 Townshi	ip 20-3		Rat											
III. DESIGNATION OF TRAN	SPORTE		JIL /	ND	NATU	RAL GAS								
Name of Authorized Transporter of Oil		or Conde		<u></u> г		Address (Give address to which approved copy of this form is to be sent)								
Shell Pipe Line Compan		P. O. Box 2648, Houston, Texas 77252												
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Gin	pproved	copy of this form is to be sent)						
Warren Petroleum Corpo						P. O. Box 1589, Tulsa,								
If well produces oil or liquids,	Unit			Twp.		is gas actually	connected?	17 When		n Druary 1, 1961				
give location of tanks.	1]	4	120		35-E	Yes			l Fei	oruary	, 190			
If this production is commingled with that	from any ou	her lease o	r pool,	give	comming	ing order sumb	xer:							
IV. COMPLETION DATA		Oil We			us Well	New Well	Workover			Plug Back	Same R	es'v	Diff Res'v	
Designate Type of Completion	- (X)	101 46	U (U4		I tiem wen i	W ULLOVEL	1	upu	.	1		1	
Date Spudded	Date Com	pl. Ready	to Pro	d.		Total Depth		.		P.B.T.D.				
		• •												
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay				Tubing Depth				
						<u> </u>					Depth Casing Shoe			
Performions										Depth Case	ng Shoe			
											•			
						CEMENTI			<u></u>	· · · · · · · · · · · · · · · · · · ·	CACKE	CE14	ENT	
HOLE SIZE CASING & TUBING SIZE				ZE	DEPTH SET				+	SACKS CEMENT				
										+				
						<u></u>								
	+			· ·		+								
V. TEST DATA AND REQUES	T FOR	LLOW	ABL	E		4								
OIL WELL (Test must be after)	recovery of u	otal volume	e of la	ad oil	and must	be equal to or	exceed top all	lowabi	le for shi	s depih or be	for full 2	1 hou	rs.)	
Date First New Oil Run To Tank	Date of Te					Producing Me	shod (Flow, p	ump, j	eas lift, i	HC.)				
							10 10 6	Choke Size						
Length of Test	Tubing Pressure					Casing Pressure				Choke Size	1			
										Gas- MCF				
Actual Prod. During Test	Oil - Bbis.					Waler - Bbls.								
						L	<u></u>							
GAS WELL											C			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF				Gravity of Condensate					
					Casing Pressure (Shut-ia)				Choke Size					
osting Method (pilot, back pr.) Tubing Pressure (Shut-in)						Casing Press	ire (Sour-La)							
L	1					┨┎				_ <u>_</u>		··		
VL OPERATOR CERTIFIC					CE			NSI	=RV	ATION	DIVI	SIC	ON	
I hereby certify that the rules and regul	ations of the	Oil Coase	ervatio											
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 NOV 1 5 1989								
	• • •						Approve	. .					: - 2 - 2 . 1 .	
CZ IA	C									Omin Sig	ned b y ,			
Signature						ByOrig. Signed by, Paul Kautz								
- Fendall Cap	<u> </u>		2.1/							Geolo	gist			
Printed Name		Gir	Tiu Le		3121	Title	<u></u>							
		1151	<u>e d</u>	مر ملا م	<u> </u>									
Date		Te	REDUCT	FC 1 W	•									

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.