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 Lich Highway ergy, Minerals and Natural Resources Departm

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410	REQU	EST FOR	ALLOWAB	LE AND A	UTHORIZ	ATION		•		
TO TRANSPORT OIL AND NATURAL GAS							Well AP! No.			
Operator							-025-03340			
Xeric Oil & Gas Compa	any									
Address P. O. Box 51311, Mid	land, Tex	as 797	10			·				
Reason(s) for Filing (Check proper box)	1			Other	(Please explai	и <i>)</i>				
New Well	•	Change in Tr								
Recompletion X	Oil Casinghead	_	y Gas		(Effec	tive No	vember 1,	1989)		
Change in Operator X  f change of operator give name Tal	Cashyreau		Co., Inc	500 W	Texas.	Ste. 1	485, Midl	and, TX	79701	
nd address of previous operator [3]	marack Pe	troleum	1 60., 1116	., осо н	, ICAG5,	000				
L DESCRIPTION OF WELL	DESCRIPTION OF WELL AND LEASE				Kind o			Lease Na.		
Lease Name	ļ	Well No. Pool Name, including					LC 065		55649	
South Pearl Queen Un	1t	23	earl quee							
Location B	. 330	_	et From The No	rthLine	198	30 _ Fe	et From The	East	Line	
Unit Letter	:	R	et Prom the			_				
Section 9 Town	hip 20-S	R	ange 35-E	, NM	(PM,	Lea			County	
				D.1. C.1.C	Q-n.	secti	1. L	vell		
II. DESIGNATION OF TRA	AND NATU	Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Oil	LX	or Condensat	• 🗆				n, Texas 77252			
Shell Pipe Line Compa Name of Authorized Transporter of Car	niphead Gas	X) 0	Dry Gas	Address (Give	address to wh	tch approved	copy of this for	n is to be sen	1)	
Warren Petroleum Corp	oration	<u> </u>					Oklahom	a 7410	2	
If well produces oil or liquids,			erp. Rge.	is gas actually	connected?	Whea	7 N/A			
rive location of tanks.	111		0-5   35-E	Yes			11/ 7			
f this production is commingled with the	at from any other	er lease or por	ol, give comming	ing order mank	xer:					
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepea	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completic	xn - (X)	I On wen	1			i	ii		1	
Date Spudded		. Ready to P	rod.	Total Depth			P.B.T.D.			
				T-Older Pay			m v · · D · · ·			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Form	nation	Top Otross	Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe			
Periorations										
<u>,</u>	T	UBING, C	ASING AND	CEMENTI	NG RECOR	D	·	010 0511	- \ CT	
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
							<del> </del>		<del></del>	
				<del> </del>						
V. TEST DATA AND REQU	EST FOR A	LLOWAL	BLE	<u> </u>						
OIL WELL (Test must be after	u recovery of to	ial volume of	load oil and mus	t be equal to or	exceed top all	owable for th	is depth or be fo	e full 24 hou	78.)	
Date First New Oil Run To Tank	Date of Tea			Producing M	ethod (Flow, p	ump, gas iyi.	esc.)			
					Casing Pressure			Choke Size		
Length of Test	Tubing Pre	e brue		Casing 110sa	<b>5.14</b>					
D. A.D. Son Tord	Oil - Bhis.	Oil Bhia			<del></del>		Gas- MCF			
Actual Prod. During Test	Ou - Boils									
CACTUELI										
GAS WELL Actual Prod. Test - MCF/D Length of Test				Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
Canada I I Ann Cana Live Co.		Tubing Pressure (Shut-m)					Choke Size			
Testing Method (pitot, back pr.)	Tubing Pre				Casing Pressure (Shut-in)			CHOICE SIZE		
				٠						
VI. OPERATOR CERTIF	ICATE OF	COMPL	LIANCE			NSERV	ATION I	DIVISIO	NC	
I hereby certify that the rules and re	gulations of the	Oil Conserve	ation		J, <b>L</b> J J,	· · · ·				
Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.				Date Approved			NOV	1 5 198	9	
1 11 11 11 11 11 11 11 11 11 11 11 11 1	11			Dan	a whhink					
< L UUU				ll p <sub>v</sub>			orig. Signed by,			
Signature	K			∥ By_			Paul Geole	Sautz		
Kandall	apps		Chiner Title	Title			Georg			
Printed Name		11-11		11 11118	7					

- 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.