Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410

STATE OF LACA MICYCO Energy, Minerals and Natural Resources Depar int

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Openator						weil	PI No.			
Xeric Oil & Gas Compa	nv					30	-025-0334	45		
Address	19									
P. O. Box 51311, Midl	and. Tex	as 79	710							
Reason(s) for Filing (Check proper box)	undy sex			Oth	er (Please expla	un)				
New Weil	C	Change in T	nansporter of:							
Recompletion	Oil	·	Ty Gas							
Change in Operator	Casinghead		Condensate		(Effec	ctive No	ovember 1	, 1989)		
			m Co., Inc	500 1	Texas	Ste. 1	485. Mid	land. T	X 79701	
and address of previous operator			<u>in co., rnc</u>	.,, 500 /	1. 10/45				<u></u>	
Less Name		Well No. P	ool Name, Include	ing Formation			of Lesse	L	ase No.	
South Pearl Queen Unit		20 Pearl Quee			-		State Federal or Fee		65649	
Location										
Unit LetterC	. 330	2	eet From The N	orth _{Lim}	198 and	0 Fe	et From The	West	Line	
	·	•	va 1100 100							
Section 10 Townsh	ip 20-S	R	Lange 35-E	, N	MPM,	Lea			County	
III. DESIGNATION OF TRAM				RAL GAS						
Name of Authorized Transporter of Oil		r Condensa		Address (Giv			copy of this for			
Shell Pipe Line Compar	ıy						on, Texas			
Name of Authorized Transporter of Casis		× •	r Dry Gas 🚞				copy of this for			
Warren Petroleum Corpo							<u>Oklahom</u>	a /410	12	
If well produces oil or liquids,				is gas actually	y connected?	When				
give location of tanks.	1] T		0-S 35-E	Yes			<u>N/A</u>	·····	<u></u>	
If this production is commingled with that	from any other	lease or po	ol, give commingi	ing order aumi						
IV. COMPLETION DATA				·····	· · · · · · · · · · · · · · · · · · ·	<u> </u>		D 1	b.a.b.	
Designed Time of Completion		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'V	Diff Res'v	
Designate Type of Completion		D		Total Depth]	P.B.T.D.			
Date Spudded	Date Compl.	Ready to P	100.	Total Depu			P.B.1.D.			
	No. of Dec	August Earn		Top Oil/Cas 1	-av		Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name or PTOC	lame of Producing Formation						Tuoing Deput		
	1	-			•					
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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.