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District I PO Box 1980, Hobbs, NM 82241-1980				St Epergy, VG	Lale Of acrais A	New Me	XICO te Depart	lurol		Revise	Form ed February 21
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District III / 1000 Rio Brazos Rd.					PO	Box 2088			3401	and to Appre	priate District 5
District IV		ay 1		Sanu	a re,	NM 8750	4-2088	<b>}</b> 		enant 🗔 🗛	MENDED RE
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		Gas Corpo	oratio	m					02548		
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VI. Well Test "Choke Size " I bereby cerufy that g	Data	On Data	y Date		col Date Water	- POD UL	STR Local	Los and D Depth Set	* PBTD		* Cig. Pressure ** Cig. Pressure ** Test Method
VI. Well Test " Choke Size " I hereby certufy that of with and that the m/orm knowledge and belief Signature: Profied name:	Data Data	on Data Dn Data " " " " " " " " " " " " " " " " " " "	Ty Date		col Date Water	- POD UL	STR Local	Los and D Depth Set	* PBTD		* Cig. Pressure ** Cig. Pressure ** Test Method
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VI. Well Test " I bereby certufy that d with and that the m/orm knowledge and belief Signature: Jele Printed name: Gler Title: Proc	Data Data Data	on Data Dn Data " " " " " " " " " " " " "	TV BLOB DI TV BLOB DI BOD COTO ADD COTO AD	* To * To * To * To * To * To * To * To	weler weler woo comple d of niv	<ul> <li>POD UL</li> <li>" TD</li> <li>" TD</li> <li>" TD</li> <li>" TD</li> <li>" TD</li> <li>" TD</li> </ul>	STR Local	Los and D Depth Set	* PBTD	So S	* Cig. Pressure * Cig. Pressure * Test Method SION

Submit 5 Copies Appropriate District Office DISTRICT I	E , y, Minerals and Nat	ew Mexico ural Resources Departm	Form C+104 Revised 1+1+89 See Instructions at Bottom of Page		
DISTRICT II P.O. Drawer DD, Arisba, NM 88240 P.O. Drawer DD, Arisba, NM 88210	PO B	TION DIVISION 0 x 2088 e x100 87504-2088			
DISTRICT III 1000 Rio Brezos Rd., Aziec, NM 87410					
I.	REQUEST FOR ALLOWAR TO TRANSPORT OF	L AND NATURAL GAS	Weil API No.		
Operator					
Xeric Oil & Gas Address P.O. Box 51311	Midland, TX 79710				
Reason(s) for Filing (Check proper box,		Other (Please explain)			
New Well					
Change in Operator	Canaghead Gas 🔲 Concensie				
I. DESCRIPTION OF WEL	L AND LEASE				
Lese Name Mexico "U"	Well No Pool Name Los us	Grayburg/S.A.	Kind of Lesse Lesse No. Sisie, Foderal or Foe E3290		
Location Unit LetterG	: 1650 '	North Los 1650'			
Section 8 Town	nip 19-S Range 38-	E NMPM.	Lea County		
II. DESIGNATION OF TRA	NSPORTER OF OIL AND NATE	RAL GAS			
Name of Awhonized Transporter of Ol Petro Source Part	TXX or Cooden sale	A screek . C is alkelies to which	approved copy of the form a to be sent) , Ste. 900, Houston, T		
Name of Authorized Transporter of Ca	Hoped Cu XX or Dy Col tural Gas Co. Gim gan	Agaress (Give address to which	approved copy of the form is to be sen) 17		
If well produces oil or liquids,	Uput Sec Twp Rae	1 pis salus' + connected?	When 7 3/5/59		
pre location of tanks. I this production is communisted with th	B 8 19-9 38-		5/5/58		
V. COMPLETION DATA					
Designate Type of Completic		İ İ	Deepen   Plug Back  Same Res'v  Diff Res'v		
Data Spudded	Date Compl. Ready to Prod.	Total Deput	P.B.T.D.		
Elevations (DF, RKB, RT, GR, elc.)	Name of Producing Formation	Top OilCas Pay	Tubing Depth		
Perfonitions			Depth Casing Shoe		
	TUBING, CASING AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBINO SIZE	DEPTH SET	SACKS CEMENT		
			······································		
MECH NIMI IND DEAL					
IL WELL IT IS I MUSICAL DE OFICE	ST FOR ALLOWABLE	pe esual to pe exceed top allowab	le for this depth or be for full 24 hours)		
els First New Oil Run To Tank	Date of Tes	Producing Method (Flow, pump.	1as 141. elc.)		
ength of Test	Tubing Pressure	Casing Preasure	Choke Size		
ctual Prod. During Test	Oil + Bolis	weer - Bois	GM- MCF		
JAS WELL					
cual Prod. Test + MCF/D	Length of Test	Bo I Cooden La Le MOMCE	Gravity of Condensate		
sung Method (pilot, back pr)	Tubing Pressure (Shulin)	Cas rg Fressire (Shul in)	Choke Size		
I. OPERATOR CERTIFIC	CATE OF CONPLIANCE				
I hereby certify that the rules and regu Division have been complied with and	Jalians of the Chi Conservation	OILCONS	ERVATION DIVISION		
is live and complete to the best of my	knowledge and belief	Date Approved	, or the <b>192</b>		
NS	2	ែក	1. Kautz		
Signalure Gary St Barker	Operations Mgr.		Sulozisi		
Printed Name 6-01-92	(915) 683-3171	Title			
Date	Telephone the				

INSTRUCTIONS: This form is to be filled in compliance of the 10(4). 1) Request for allowable for newly drived or deepened well the accompliance by tubulation of deviation tests taken in accordance with puters to the accompliance of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second with Rule 111.

2) All sections of this form must be fuied 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.
 Separate Form C-104 must be filled for each pool in multiply completed wells.

Submit S Copies Appropriate District Office	Energy, ?	State of No Minerals and Nati	ew Mexico ural Resources Departmer	l		Form C+104 Revised 1-1-89 See Instructions at Bottom of Page	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OLC	CONSERVA	TION DIVISION	J		ar avain or rage	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	S	P.O. Bo Inta Fe, New M	ox 2088 exico 87504-2088				
DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410	REQUEST F		BLE AND AUTHORIZ	5			
I. Operator	<u>101R</u>	ANSPORTOR	AND NATONAL GA	Well A	PI No.		
Xeric Oil & Gas	Company						
P.O. Box 51311	Midland, T	<u>x 79710</u>	Other (Please explai			*	
Reason(s) for Filing (Check proper box) New Well	Change i	a Transporter of:		,			
Recompletion	Oil 🛛 🕮 Casinghead Gas 🗌	Dry Gas					
If change of operator give name and address of previous operator							
II. DESCRIPTION OF WELL	L AND LEASE			Kinda	( Lease	Lesse No.	
Lesse Name Mexico "U"	Well No 2	Hobbs,	Grayburg/S.A.		Federal or Fee	E3290	
Location	. 1650'		North Line and 1650	F•	et From The $\underline{E}$	astLine	
	10 S	2.0		Lea		County	
	hip 19-S						
III. DESIGNATION OF TRA	NSPORTER OF (		- Adaress (Give address to whi	ch approved	copy of this form	1 is to be seni) 99210	
Navajo Refininc Name of Authonized Transporter of Case		or Dry Gas	P.O BOX 159, Address (Give address 10 why	ch approved	copy of this form	88210 is 10 be serve)	
Phillips 66 Nat	tural Gas Co	<u>.                                    </u>	4001 Penbrool	t, Ode:	ssa, TX	79762	
If well produces oil or liquids, give location of tanks.	Unut Sec. B 8	Twp Rge 19-9 38-	Is gas actually connected? E Yes	When 3	/5/59		
If this production is commingled with the IV. COMPLETION DATA	at from any other lease o	r pool, give comming	gling order number:				
	Oil We	II Gas Well	New Well Workover	Deepen	Plug Back Sa	ime Res'v Diff Res'v	
Designate Type of Completion	n - (X) Date Compl. Ready	10 Prod.	Total Depth		P.B.T.D.	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing I	Formalion	Top Oil/Gas Pay		Tubing Depth		
Perforations			·····			hoe.	
reilui eli ule					Depth Casing S	<b>3</b> 01K	
		, CASING AND	CEMENTING RECORL	)	C	CKS CEMENT	
HOLE SIZE	CASING 8 1	JDING SIZE			54	CKS CEMENT	
					1		
					İ		
V. TEST DATA AND REQUE OIL WELL (Test must be after			i de equai 10 or exceed 10p allov	vable for this	depth or be for	full 24 hours)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pur	support washingthered			
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.		Waler - Bbis		Gas- MCF		
GAS WELL			····		<u> </u>		
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbis: Condensate/MMCF	<u></u>	Gravity of Con	densale	
Tesung Method (piloi, back pr.)	Tubing Pressure (Shu	(-m)	Casing Pressure (Shui-in)	• <del>••••</del> ••	Choke Size	·····	
VI ODEDATOD CEDITIC			~ ,		i		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my	ilations of the Oil Conser I that the information giv	Valion	OILCON		·		
$\Lambda $	Q		Date Approved			······	
Signature			Ву				
Gary S. Barker Pristed Name							
	·····	tions Mgr.	1				
<u>10-18-90</u> Date	(915)	$\frac{1000}{500} = \frac{1000}{100} = 10$	Title				

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**FRUCTIONS:** This form is to be filed in compliance with Rule 1164.

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.

Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 I.	OIL CO Sant REQUEST FO	nerals and Nat DNSERVA P.O. B ta Fe, New M	ATION D ox 2088 fexico 8750 BLE AND A	DIVISIO 4-2088 AUTHORIZ	N ATION	API No.	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	-+ 
Openator Xeric Oil & Gas (	Company							
Address			79710					
P.O. Box 51311 Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Change in T Oil I	ransporter of: Dry Gas		er (Please expla	n)			
If change of operator give name and address of previous operator								
II. DESCRIPTION OF WELI	AND LEASE							
Lease Name Mexico "U"	Well No.	Hobbs, G		/S.A.		of Lease Federal or Fee	Lease No. E3290	
Location			<del>_</del>	1050				
Unit LetterG	<u>1650'</u>	Feet From The $\underline{N}$	Jorth Line	and _1650	) ' Fe	et From The	iast Li	ne
Section 8 Towns	hip 19-5 I	Range 38-E	. , NN	<b>лрм,</b> Т	Jea		County	]
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil JM Petroleum Cor	X or Condense poration		Address (Give	yan, Lo	chapproved CKBO	l copy of this form x #185 D	n is to be sent) Dallas Tx.	
Name of Authonized Transporter of Casi Phillips 66 Natu		or Dry Gas 🛄	1			l copy of this form Sa TX -	n is 10 be sent) 79762	
If well produces oil or liquids, give location of tanks.	Unit Sec. 7	wp.   Rge. 9-Sβ8-E				hen? 3/5/59		
If this production is commingled with the IV. COMPLETION DATA	it from any other lease or po		-	·····				
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	ime Res'v Diff Res'	v
Date Spudded	Date Compl. Ready to P	Tod.	Total Depth	I		P.B.T.D.	<u>I</u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	nation	Top Oil/Gas P	'ay	,	Tubing Depth		
Perforations			J			Depth Casing S	ihoe	
	TUBING. C	ASING AND	CEMENTIN	IG RECORT	)	<u> </u>		
HOLE SIZE	CASING & TUB			DEPTH SET	·	SA	CKS CEMENT	
			•					
······································			• • • • • • • • • • • • • • • • • • •				·····	
V. TEST DATA AND REQUE	ST FOR ALLOWAE	BLE	•					<b></b>
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total volume of	load oil and must					full 24 hours.)	
	Date of Test		Producing Met	hod (Flow, pur	ф, gas iyī, e	ic.)		
Length of Test	Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF	··	
GAS WELL		<u> </u>	<u>.</u>	<u> </u>		<u> </u>		<b>_</b> J
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condens	ale/MMCF		Gravity of Con	densale	
sting Method (pilot, back pr.)	Tubing Pressure (Shut-in)	)	Casing Pressur	e (Shut-in)		Choke Size		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my	lations of the Oil Conservati that the information given a	ion				ATION DI		]
Signature	<u> </u>		Date Approved     And Example       By     Description					
Gary S. Barker ( Printed Name 10-18-90 (9	915) 683 <b>-</b> 3171	Ue						
Date	Telepho	one No.						

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.

Received

OCT 2 9 1990 OCD HOBBS OFFICE

Submit 5 Copies Appropriate District Office DISTRICT I		iew Mexico tural Resources Department			Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	P.O. B	ATION DIVISION ox 2088			at Domoni or 3 «Se	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWA	lexico 87504-2088 BLE AND AUTHORIZAT				
I. Operator	TO TRANSPORT OIL	LAND NATURAL GAS	Well Al	PI No.		
XERIC OIL & G	AS COMPANY					
Address P. O. BOX 513	811 Midland, Texas 7	9710 Other (Please explain)				
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:					
Recompletion Change in Operator	Oil X Dry Gas Casinghead Gas Condensate				·	
	aco Prod., Inc. P.	<u>0. Box 3109, Mid</u>	land	<u>    Texas</u>	79701	
II. DESCRIPTION OF WELL Lease Name Mexico "II"	Well No. Pool Name, Includ	ung Formation		Lease ederal or Fee	Lease No. E = 3290	
Location		orth Line and 1650		From The _E.	astLine	
					County	
	SPORTER OF OIL AND NATU					
Name of Authorized Transporter of Oil	X or Condensate	Address (Give address to which a P. O. BOX 1910				
Name of Authonized Transporter of Casing	1 1	Address (Give address to which a Bartlesville,			n is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge B 8 19-5 38-E		When ?			
If this production is commingled with that I IV. COMPLETION DATA	from any other lease or pool, give comming	gling order number:				
Designate Type of Completion	- (X) Oil Well Gas Well	New Well Workover D	eepen	Plug Back S	ime Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
Perforations	<u></u>			Depth Casing S	5hoe	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET		SA	CKS CEMENT	
HOLE SIZE						
V. TEST DATA AND REQUES	T FOR ALLOWABLE				сиран	
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of total volume of load oil and mus Date of Test	t be equal to or exceed top allowabl Producing Method (Flow, pump, p	e for this i gas lift, etc	depih or be for .)	full 24 hours)	
Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbis.	Water - Bbls.		Gas- MCF	<u></u>	
GAS WELL				<u></u>	descote	
Actual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF		Gravity of Con	UCE MIC	
Testing Method (pilol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	   	Choke Size		
VI. OPERATOR CERTIFICA I hereby certify that the rules and regula Division have been complied with and the	uons of the Oil Conservation	OIL CONSE	ERVA			
Is true and complete to the best of my kind in Xerie 1011 &	nowledge and belief	Date Approved		FEB	2 ~ 1990	
By: Signature Randall Capps	owner Owner	ByCR/GI	INAL SIC	<del>2NISC BY JE</del> CT I SUPER	RRY SEXTON	
Printed Name 2/20/90	Tiue (915) 683-3171	Title		CI I SUPER	¥ISOR	
Date	Telephone No.	11 •				

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance Kequest for allowable for heaving utilited of deepened well must be accompanied by declaration of deviation and with Rule 111.
 All sections of this form must be filled out for allowable on new and recompleted wells.
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