1			
Submit 5 Copies Appropriate District Office DISTRICT I		of New Mexico Natural Resources Department	Form C-104 Revised 1-1-89 See Instructions
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II		VATION DIVISION D. Box 2088	at Bottom of Page
P.O. Drawer DD, Artesia, NM 88210		w Mexico 87504-2088	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 I.	REQUEST FOR ALLO	WABLE AND AUTHORIZAT	rion
Operator	· · · · · · · · · · · · · · · · · · ·		Well API No. 30-025-21688
Xeric Oil & Gas	s Company		- AU-UAS 01000
P.O. BOX 51311, Reason(s) for Filing (Check proper box)		O Other (Please explain)	
New Well	Change in Transporter of		
Recompletion Change in Operator	Oil Dry Gas Casinghead Gas Condensate		
If change of operator give name and address of previous operator Cat	coilan Corporation,	P.O. Box 10888,	Midland, TX 79702
II. DESCRIPTION OF WELL			
Lease Name Federal RB	Well No. Pool Name, 1 1 Lynch	veluding Formation (Yates, 7 Rvrs), middle	Kind of Lease No. Lease No. LC-070316
Location Unit LetterB	;660 Feel From Tr	Nth 1980	East Line
Section 21 Townst	hip 20-S Range 34.	-E _{NMPM} Lea	County
III. DESIGNATION OF TRA			
Name of Authorized Transporter of Oil Texaco Trading &	Transport		approved copy of this form is to be seni) A. Midland, TX 79711
Name of Authorized Transporter of Casi		·	approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp	Rge Is gas actually connected?	When 7
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give com		
Designate Type of Completion	Oil Well Ges W	ell New Well Workover D	eepen Plug Back Same 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			
			Depth Casing Shoe
HOLE SIZE	TUBING, CASING A	ND CEMENTING RECORD	
			SACKS CEMENT
V. TEST DATA AND REQUES	ST FOR ALLOWARLE		
OIL WELL (Test must be after r	ecovery of total volume of load oil and	musi be equal to or exceed top allowable	e for this depth or be for full 24 hours)
Date First New Oil Rus To Task	Date of Test	Producing Method (Flow, pump, g	as lýt, eic.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbis	Waler - Bbis	Gas- MCF
GAS WELL	 		
Actual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Tesung Method (piloi, back pr.)	Tubing Pressure (Shu-in)	Casing Pressure (Shui-in)	Choke Size
VI. OPERATOR CERTIFIC	ATE OF COMPLIANCE	_	
I hereby certify that the nules and regula Division have been complied with and t	Work of the Oil Conservation	OIL CONSE	RVATION DIVISION
is true and complete to the best of my k	nowledge and belief	Date Approved	FEB 1 8 1993
X X	5<		ED BY IS STREAM
Signature Gary S. Barker	Vice Presi	dent BKING	ED BY JELAY SEATON
Printed Name 1/16/93	Tille	Title	
Date	915-683-317 Telephone No	±	
INSTRUCTIONS: This form			

NSTRUCTIONS: 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.

2) 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.
Separate Form C-104 must be filed for each pool in multiply completed wells.

5 Copies riste District Office	
riate District Office	
JCTJ	
Box 1980, Hobbs, NM	88240

.STRICT II .O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department \dagger

OIL CONSERVATION DIVISION

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

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

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						-		-								-				

T .			DIL AND NATU					
I. Operator	101	MANSPUNIC			Well	PI No.		
Catoilan Cor	poration	<u> </u>					. <u></u>	
Address P.O. Box 108	88, Midland, 1	Texas 79702	2					
Reason(s) for Filing (Check proper b			Other (Please expla	in)			
New Well		e in Transporter of:						
Recompletion	Oil	XX Dry Gas						
Change in Operator 👷	Casinghead Gas	Condensate	_ <u>_</u>			·····		
and address of previous operator	Xeric Oil & G	as Co P.(), Box 51311	, Midla	nd, Tx.	79710		
II. DESCRIPTION OF WE	LL AND LEASE	Deal Name Inc	ludice Formation T		t Vind	of Lease		ease No.
RB Federal f	B 1		luding Formation L		er Siale,	Federal or Fe	-	70315
Location				£				
Unit LetterB		Feet From The	North_ Line an	d <u>1980</u>		et From The	East	Line
Section 21 Tow	nahip 20-S	Range 34-E	, NMPI	M, Lea				County
III. DESIGNATION OF TR	ANSPORTER OF							
Name of Authorized Transporter of C	XI 🖂 or Cor	idensale	Address (Give ad	dress to wh	ich approved	copy of this f	orm is to be se	eni)
Jeraco Iradino	1 + Jrana							
Name of Authorized Transporter of C	assinghead Gas	or Dry Gas	Address (Give ad	idress io wh	ich approved	copy of this f	'orm is to be se	eni)
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. R	ge. Is gas actually co	onnected?	When	?		
f this production is commingled with V. COMPLETION DATA	that from any other lease	or pool, give comm	ingling order number:				·	
Designate Type of Completing	ion - (X)	Yell Gas Well	New Well W	/orkover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Read	y to Prod.	Total Depth	·J		P.B.T.D.	A	
Elevations (DF, RKB, RT, GR, etc.)	Formation	Top Oil/Gas Pay	Top Oil/Gas Pay Tubing Depth					
Perforations	<u>_</u>		i			Depth Casin	g Shoe	
	TUBIN	G. CASING AN	D CEMENTING	RECORT)			
HOLE SIZE		TUBING SIZE		PTH SET		S	ACKS CEM	ENT
			1					
			· · · · · · · · · · · · · · · · · · ·					
TEST DATA AND DEOL								
. TEST DATA AND REQU DIL WELL (Test must be afti								
hate First New Oil Run To Tank	Date of Test	ne o) ioda ou ana mu	Producing Method	ed lop allow	able for this in eas lift, et	depih or be fo	or full 24 hour	·s.)
					, .	• •		
ength of Test	Tubing Pressure		Casing Pressure			Choke Size		
ctual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF		
GAS WELL		• · · · · · · · · · · · · · · · · · · ·						
ctual Prod. Test - MCF/D	Longth of Test		Bbis. Condensate/	MMCF		Gravity of Co	ndensie	
sung Method (pilot, back pr.)	Tubing Pressure (Sh							
		-ui)	Casing Pressure (S	hut-in)		Choke Size		<u> </u>
I. OPERATOR CERTIFI	CATE OF COM	PLIANCE			···		·····	
I hereby certify that the rules and reg Division have been complied with an	ulations of the Oil Conse d that the information m	malia	OIL	CONS	SERVA		VISIO	
	Y knowledge and belief.	-	Date Ap	proved		APK	U & 199	
Name Sel	es				11 Jun 14 and			
Signature Lianne Giles	I	lgent	By	KIGINAL 198		<u>V JERNY S</u> Převleor	EXTEN	
Printed Name April 3, 1991	(915) 69	Tiue 97-9567	Title					
Date		ephone 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.

2) 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.
Separate Form C-104 must be filed for each pool in multiply completed wells.

PR 0 5 1991

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Submit 5 Copies Appropriate District Office		Energy, 1	S Minerals	tate of Ni and Nati	ew Mexico ural Resourc	es Departr	nent			1-1-89 structions	
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240		OIL	CONS	ERVA	TION I	DIVISIO	ON		at Botto	om of Page	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		S	anta Fe,		ox 2088 exico 8750	4-2088					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	BEQ	UEST F		LOWAE	BLE AND	AUTHOR	IZATION				
I.		TOTR	ANSPO	ORT OIL	AND NA	TURAL C	AS	API No.			
Operator XERIC OIL & GAS	COMPA	NY									
Address P. O. BOX 51311	Midla	nd, Te	exas	79710							
Reason(6) for Filing (Check proper box) New Well			n Transpo		- Ouh	et (Please exp	olain)				
Recompletion	Oil Cosisse	ي ي	Dry Gai								
Change in Operator	Casingn	ead Gas 🛓									
and address of previous operator	, AND LI	EASE									
Lesse Name Federal RB		Well No			ing Formation		State	of Lease , Federal or Fe	-	ease No. 70316	
Unit LetterB	نهــــ: -ـــــ	60	_ Feel Fr	om The $\underline{\mathbb{N}}$	orth_Lip	e and <u>19</u>	<u>80 </u> F	eet From The	<u>East</u>	Line	
Section 21 Townsh	nip 20.	<u>-S</u>	Range	34	E N	MPM, Le	a			County	
III. DESIGNATION OF TRAI		ER OF C		D NATU	RAL GAS	e address 10	which approve	d copy of this ;	form is to be st	ent)	
Texaco Trading & T	. 🖾 ransp		on		P. O.	Box 60	628 Mi	dland,	Texas	79711	
Name of Authorized Transporter of Casi	nghead Gas		or Dry -		Address (Giv		<u> </u>		form is to be st	eni)	
If well produces oil or liquids, give location of tanks.	ບ _{ານ} ເ	Sec.	Twp. 	Ĺ	ls gas actuali NO		When	n /			
If this production is commingled with that IV. COMPLETION DATA	from any c									brenetu	
Designate Type of Completion		Oil We	İ	as Well	1	Workover	Deepen	<u> </u>	Same Res'v	Diff Res'v	
Date Spudded	Date Cor	npl. Ready I	io Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing F	ormation		Top Oil Gas	Pay		Tubing Dep	շփ		
Perforauona	i-							Depth Casin	ng Shoe		
					CEMENTI						
HOLE SIZE	<u>с</u> ,	ASING & T	UBING S	IZE		DEPTH SE	<u>T</u>	SACKS CEMENT			
	-				-						
					• • •						
V. TEST DATA AND REQUE OIL WELL (Test must be after 1				I and must					for full 24 hou	rs)	
Date First New Oil Run To Tank	Date of T	est			Producing Me	thod (Flow, p	ownp. gas lýt.				
Length of Test	Tubing Pr	essure			Casing Pressu	ne.		Choke Size			
Actual Prod. During Test	Oil - Bbls	···			Water - Bbis.	<u> </u>		Gas- MCF			
GAS WELL		<u> </u>		·	: 						
Actual Prod. Test - MCF/D	Length of	Test			Bbis Conden	sale/MNICF		i Gravity of C	Condensate		
Tesung Method (puol. back pr.)	Tubing Pr	essure (Shu	L-in)		Casing Pressu	re (Shul-in)		Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	F COMF	PLIAN	CE			NSERV			 NI	
I hereby certify that the rules and regul Division have been complied with and	that the info	mauon giv					NOENV		0 8 199		
is true and complete to the best of my l					Date	Approve	ed			U	
Xeric Oil & Gas		ny,	and the second second		Bv		Ċ	rig. Signe Paul Kan	d b y utz		
Signature <u>Nettie Anderson</u> Printed Name	offic	e mana	iger Tide					Geologi	st		
3-6-90	(915) 683-	-3171		Title_						
Date		Tele	phone No								

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OCO Hobbs office

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