Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

hergy, Minerals and Natural Resources Depart

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088

DISTRICT III 1000 Rio Brizos Rd., Azzec, NM 87410 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Xeric Oil & Gas Company						30-025-21772			
Address P. O. Box 51311, Mid		9710							
Reason(s) for Filing (Check proper box))		Ou	es (Piease expl	ain)				
New Well Recompletion	· —	Transporter of: Dry Gas							
Change in Operator	_	Condensate		(Effe	ctive No	ovember 1	, 1989)		
If change of operator give name and address of previous operator	marack Petroleu	um Co., Ind	2., 500	d. Texas	, Ste.	1485, Mid	land, T	X 79701	
IL DESCRIPTION OF WELL							 		
Lease Name Well No. Pool Name, Include South Pearl Queen Unit 3 Pearl Que			N			f Lease Lease No.			
Location					 				
Unit Letter	: 1000	Feet From The _	lorth Lin	e and99(<u>) </u>	et From The	West	Line	
Section 3 Towns	hip 20-S	Range 35-l	E , N	мрм,	Lea			County	
III. DESIGNATION OF TRA	NSPORTER OF OU	I. AND NATII	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)								
Shell Pipe Line Compar Name of Authorized Transporter of Casi	P. O. Box 2648, Houston, Texas 77252 Address (Give address to which approved copy of this form is to be sent)								
arren Petroleum Corporation			P. O. Box 1589, Tulsa						
If well produces oil or liquids, give location of tanks.	•	Nwp. Rge. 20-5 35-E	7.5.		When	m <i>1</i> June 12, 1966			
If this production is commingled with the				ber:					
IV. COMPLETION DATA	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion	n - (X)	<u> </u>	İ		l Dupa			1	
Date Spudded	Date Compl. Ready to F	Prod.	Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations				Depth Casing Shoe					
			Control Total	10 05000		<u> </u>			
HOLE SIZE			CEMENTING RECORD DEPTH SET			SACKS CEMENT			
							·		
L mood by the AND brothe		7.5							
V. TEST DATA AND REQUE OIL WELL (Test must be after	SI FUK ALLUYY AS recovery of social volume of		be equal to or	exceed top allo	wable for this	depth or be for	full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Test			thod (Flow, pu					
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
						Gas- MCF			
Actual Prod. During Test	Oil - Bbls.		Water - Bols			Oar Mor			
GAS WELL	<u></u>		Å						
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-m	Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF COLOR	LANCE	<u></u>			<u> </u>			
I hereby certify that the rules and regul				DIL CON	ISERV	ATION D	IVISIC	N	
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				1000	
7/11/			Date	Approve	J	IAOA	1 0	IJUJ	
Signature	gar-		Ву			Ori	g. Signe	d b y ,	
Printed Name Title				Geologist					
11-7-89	915/68	7-3/7/	Title						
Date	Teleph]						

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.