

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Xeric Oil & Gas Company		Well API No. 30-025-30930
Address P.O. Box 51311, Midland, TX 79710		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE				
Lease Name Fina State	Well No. 1	Pool Name, including Formation Pearl Queen, Penrose	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. E-1638
Location				
Unit Letter L	: 1650	Feet From The South	Line and 330	Feet From The West
Section 31	Township 19-S	Range 35-E	NMTPM Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Koch Oil Company		P.O. Box 2256, Wichita, Kansas 67201				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Phillips 66 Natural Gas Company		4001 Penbrook, Odessa, TX 79762				
If well produces oil or liquids, give location of tanks.	Unit L	Sec 31	Twp 19S	Rge 35E	Is gas actually connected? Yes	When? 12-24-90
If this production is commingled with that from any other lease or pool, give commingling order number:						

IV. COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6/28/90	Date Compl. Ready to Prod. 12/24/90		Total Depth 5000'			P.B.T.D. 4015'		
Elevations (DF, RKB, RT, GR, etc.) GL-3707	Name of Producing Formation Penrose		Top Oil/Gas Pay 4893			Tubing Depth 4793'		
Perforations 4903-4908-2 spf-						Depth Casing Shoe 5000'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8 5/8	24		1815'		235 sx-circ.			
5 1/2	15.5		5000'		500 sx			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
Date First New Oil Run To Tank 12/26/90	Date of Test 12/24/90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 30 lbs.	Casing Pressure 30 lbs.	Choke Size None
Actual Prod. During Test	Oil - Bbls. 37	Water - Bbls. 15	Gas - MCF 5

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief	
Signature Gary S. Barker	Operations Mgr.
Printed Name 12/26/90	Title (915)683-3171
Date	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved	DEC 31 1990
By	ORIGINAL SIGNED BY [Signature] DISTRICT I SUPERVISOR
Title	

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.

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DEC 28 1990
CCH
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