Submit 5 Copies Appropriate District Office DISTRICT I	State of New Mexico Er Minerals and Natural Resources Departm							Form C-104 Revised 1-1-89 See Instructions at Bottom of Page				
P.O. Box 1980, Hobbe, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088											
DISTRICT III 1000 Rio Brizos Rd., Azlec, NM \$7410		EST FC			LE AND AU AND NATU	THORIZ						
I. Operator	* 0000						Well A			(5.2.2)		
Xeric Oil & Ga	as <del>Company</del>				Well /			30-025-31933				
Address P.O. Box 51311	, Midla	ind, '	гх '	79710								
Reason(a) for Filing (Check proper box) New Well		Change in 1	Tarma		Other (	Please explain	)					
Recompletion	Oil Casinghead		Dry Gas Condens									
If change of operator give name and address of previous operator		··										
II. DESCRIPTION OF WELL	AND LEA						·					
Lease Name Mexico "U"		Well No. 4		me, lociudi bbs (	ding Formation			( Lease Recention Free		<b>14 16 No</b> . 3290		
	<u></u>		110		0-047				<u>.</u>			
Unit LetterB	_ :990	)	Feet Fro	m The <u>N</u>	orth Line al	<b>d</b> <u>16</u>	50 <b>Fe</b>	st From The	East	Line		
Section 8 Towashi	19-S		Range	38-E	, NMP	м,	L	ea		County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil				<u>D NATU</u>	RAL GAS	ddeere to white	h anoroud	conv of this for	m is to be se	<b>n</b> ()		
Name of Authonized Transporter of Oil Petro Source Partne	er <del>XX</del> Lt	d.			9801 We	stheim	er Ste	.900, H	louston	n, TX 💈		
Name of Authonized Transporter of Casia	ghead Gas	XX	or Dry (	Gai 🛄	Address (Give a	detess to which	h approved	copy of thus for	m is 10 be se	nu) 1		
GPM Gas Corp. If well produces oil or liquids, give location of tanks.	Uait   :	il Sec. Twp. Rge. Is gas a				4001 Penbrook, Odess s gas satually connected? When ? yes						
If this production is commungled with that IV. COMPLETION DATA	from any othe	r lease or ;	pool, grve	: comming)	ing order number							
Designate Type of Completion Date Spudded	- (X) Date Compl	Oil Well X		ss Well	New Well   V X   Total Depth	Vorkover	Deepen	Plug Back	Same Res'v	Diff Res'v		
4/13/93	5/04				410			P.B.T.D. 40	0731			
Elevations (DF. RKB, RT, GR, etc.) 3600.7 GL	Name of Producing Formation Grayburg			Top Oil/Gas Pay 4024			Tubing Depth 4000					
Perforsuoas	052-4058 24 holes							Depth Casing Shoe 4094				
HOLE SIZE					CEMENTINC			I				
12 1/4		<u>NG &amp; TU</u> 5/8	BINGS	25	DEPTH SET			S	<u>acks cem</u> 250	ENT		
7 7/8	5 1/2			4100			1100					
	2 3/8 4000											
/. TEST DATA AND REQUES DIL WELL (Test must be after r				l and musi	be equal to or exc	eed top allow	able for this	depih or be fo	r full 24 hou	 rs)		
Dele First New Oil Rus To Task 5/04/93	Date of Tes	5/04/			Producing Metho	d (Flow, pum						
Length of Test	Tubing Press			· · · · · · · · · · · · · · · · · · ·	pumping Casing Pressure			Choke Size				
24 hr.	24 hr.				50			N/A				
Actual Prod. During Test	Oil - Bbls.	10	)	1	Waler + Bbis O			GM-MCF 10				
GAS WELL Actual Prod. Test - MCF/D		·····			Bbis. Condensate	MMCF		Gravity of Co				
WHEN FIVE I WE THIS FILE	Length of Te											
		781			-							
	Tubing Press	ure (Shui-)	ເກ )		Casing Pressure	(Shui-in)	<u> </u>	Choke Size	·			
esung Method (pilot, back pr.)	ATE OF ( Wons of the O hat the Inform	CONPI J Conserv abod give	LIAN		01			ATION [ MAY	DIVISIC 2 0 1993	)N		
A. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and t is true and complete to the best of my k Signature	ATE OF C Huons of the O hat the Inform mowledge and	CONIPI J Conserv aluon pivel belief	LIAN( auon above	CE	Ol Date A	L CONS				N		
Suing Method (pilor, back pr.) A. OPERATOR CERTIFIC: I hereby certify that the rules and regula Division have been complied with and t is true and complete to the best of my k	ATE OF C Huons of the O hat the Inform mowledge and	CONPI J Conserv abod give	LIAN( auos above	CE	Ol Date A	L CONS		ATION E MAY		N		

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.

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All sections of this form must be fulled out for allowable on new and recompleted wells.
Fill out only Sections 1, 11, 111, 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 J P.O. Box 1980, Hobbs, NM 88240

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

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

## State of New Mexico Ene: Minerals and Natural Resources Department

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## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

· .	neuu T	OTRA	NSPC	ORT OIL	AND NA	URAL GA	S				-		
Operator								Well API No.					
Xeric Oil & Ga	s Comp	any									1		
Address P.O. Box 51311	, Midl	and,	ΤX	79710							4		
Reason(s) for Filing (Check proper box)					Othe	er (Please expla	in)						
New Well		Change in											
	Oil Casinghead	1 Gas 🗔	Dry Gas Condens	_									
Change in Operator	Canogrica										_		
If change of operator give name and address of previous operator													
<b>II. DESCRIPTION OF WELL</b>	Well No. Pool Name, Including Formation						Kind of Lesse			Lesse No.			
Lease Name Mexico "U"	-	Well No. 4		ime, includi bbs (				Freenterx		E-3290			
Location	المجيدين ويصبوه	i											
Unit Letter B	_ :99	0	_ Fed Fra	om The <u>N</u>	orth Lo	e and	550 Fe	et From The _	East	Line			
8	. 19-S	5	Range	38-E	ΝЛ	MPM.	I	,ea		County			
Section Townsh	1 <b>0</b>		Kange										
III. DESIGNATION OF TRAN	SPORTE			<u>d natu</u>	RAL GAS								
Name of Authorized Transporter of Oil Petro Source Partne		or Coose ି ମ	D SALC		Address (Giv 9801 I	vestheir	ner Ste	copy of this fo	orm u 10 be s Housto	n, TX	770		
Name of Authonized Transporter of Casin			or Dry	Gas	· · · · · · · · · · · · · · · · · · ·	e address 10 wi							
GPM Gas Corp.						Penbrool	k, Ódes	ssa, TX	7976	1			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	1	y connected?	When	<b>'</b> 5/04/	03				
If this production is commungled with that					yes			5/04/	<u> </u>				
IV. COMPLETION DATA	nom aby on		μου, μι	e contraint.	nuk older ami								
Device of Completion	~	Oil Wel		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v			
Designate Type of Completion	- (X)	X			Total Depth	l	<u>l.</u>			<u> </u>			
4/13/93		4/93	0 FINE		4100'			P.B.T.D. 4073'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Pi	oducing F	ormalion		Top Oil/Gas Pay			Tubing Depth					
3600.7 GL	G	caybu	rg		4024			4000					
4024-4030 4052-4058 24 holes					5			Depth Casing Shoe 4094					
	_		. CASIN	NG AND	CEMENTI	NG RECOR	.D						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEN	IENT	!		
12 1/4	and the second se	<u> </u>			413			250					
7 7/8	5 1/2				4100			1100					
	+	2 3/8			4	000							
V. TEST DATA AND REQUES				·····	******			-4		• •• • • • • • • • • • • • • • • • • •			
OIL WELL (Test must be after i			of load o	il and musi					for full 24 hou	urs)			
Dete First New Oil Rus To Task 5/04/93	Date of Tes 5/04/93				pump	ethod (Flow, pu ina	ingi, <b>g</b> as lift, i	: (y1, #IC.)					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	······································		-1		
24 hr.			50			N/A							
Actual Prod. During Test	Oil - Bbis.	1	0		Waler - Bols. O			Gus-MCF 10					
			0		• • • • • • • • • • • • • • • • • • • •			<u> </u>	10		<u></u>		
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate					
		Senger of test											
(esung Method (puor, back pr.)	Tubing Pres	sure (Shu	1·10)	• • • •	Casing Pressure (Shul-in)			Choke Size					
	·				۱ r	<u>.</u>					<u> </u>		
VI. OPERATOR CERTIFIC				CE			ISERV			ואר			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION MAY 2 0 1993								
is true and complete to the best of my l					Date Approved								
ACC	$\geq$	•					¥	<del></del>					
Signature	<u> </u>				Ву_	ORIGINIAL O	ALCO UN	<u></u>	TON	<u> </u>			
Gary S. Barke	Gary S. Barker Vice President						<b>***</b> = 34.9*						
Printed Name 5/17/93		915-	-683-	3171	Title	Title							
Date			phone No										

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