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

## State of New Mexico nergy, Minerals and Natural Resources Depar

MELLIVED

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

00T - 8 **1993** 

DISTRIC	1.111					
1000 Rio	Brazos	Rd.	Aziec,	NM	87410	

DISTRICT III		Santa Fe, New N	1exico 87504-2088	3	A . D			
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST	FOR ALLOWA	BLE AND AUTHO		C. L. D.	<b>y</b>		
1.			IL AND NATURAL					
Operator	rator				API No.		<del></del>	
Xeric Oil & Gas C	orporation		30-005-20323					
Address	0	111 14:33	1 m = 5.6					
200 North Loraine Reason(s) for Filing (Check proper box)	sulte 1	III, Midia	Other (Please					
New Well	Change	in Transporter of:	Oulet It tease	explain)				
Recompletion [V]	Oil [	Dry Gas						
Change in Operator X  If change of operator give name	Casinghead Gas							
and address of previous operator Bur	k Royalty	Co., P.O.	Box BRC, Wi	chita Fa	lls, Te	xas	76307	
II. DESCRIPTION OF WELL	AND LEASE							
Lease Name TR	5 Well No	o. Pool Name, Inclu	ding Formation	Kind	of Lease	L	ease No.	
Double "L" Queen U	Init 3	Double "	L" Queen Assoc	iated State,	Federal or Fee	_NM-019	99070-в	
Location	220		Courth	220				
Unit LetterM	_ :330	Feet From The _	South Line and	Fe	et From The _	West	Line	
Section 31 Townshi	ip 14S	Range 30E	, NMPM,		Chaves			
					<u> </u>		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil								
Navajo Refining Compar	or Cond	len sale	Address (Give address	to which approved	copy of this for	m is to be se	nt)	
Name of Authorized Transporter of Casin	ghead Gas X	or Dry Gas	Drawer 159, Address (Give address	ALLESIA, I	vew mexic	0 88211	0159	
GPM Gas Corporation			P.O. Box 505	sville, Oklahoma 74005				
If well produces oil or liquids, give location of tanks.	Unit Sec.		Is gas actually connecte			<del></del> -		
	H   36	14S 29E	yes					
f this production is commingled with that V. COMPLETION DATA	from any other lease of	or pool, give comming	ling order number:	<del></del>		<del></del>	<del></del>	
Declarate To CO 1	Oil We	ell Gas Well	New Well   Workov	er Deepen	Plug Back S	ama Pas'u	Diff Res'v	
Designate Type of Completion		<u>i</u>	<u>i</u>	20070	i ring back j.	attic Kes A	Pair Kesv	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		P.B.T.D.		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing I	Formation	Top Oil/Gas Pay		ļ <u>.</u>			
			10, 0.000, 10,	Tubing Depth	abing Depth			
erforations			<u> </u>		Depth Casing	Shoe		
HOLE SIZE	TUBING	LIBING SIZE	CEMENTING REC		·			
THOSE GIZE	HOLE SIZE CASING & TUBING SIZE		DEPTH SET		P. SA	SACKS CEMENT		
					12-22-23			
					cl	4 11		
. TEST DATA AND REQUES	T FOR ALLOW	ADIE				1/		
			be equal to or exceed top	allamakta Caratia				
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow	v. pump, gas lift, et	c.)	Juli 24 hours	<u>:.)</u>	
					•			
ength of Test	Tubing Pressure		Casing Pressure	Casing Pressure		Choke Size		
ctual Prod. During Test	Oil - Bbls.	<del></del>	Water - Bbls.		Gas- MCF			
			Nac. Boil	,	OZS- MICT			
GAS WELL		<del></del>	L	<del> </del>		·		
ctual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Con	densate	<del></del>	
	Tubing Pressure (Shut-in)							
sting Method (pitot, back pr.)					Choke Size	Choke Size		
I. OPERATOR CERTIFICA	TE OF COLO	N IANGE	\(					
I hereby certify that the rules and regular	tions of the Oil Conse	PLIANCE	OII CC	DNSERVA	ת ואסודי	1/18101	N1	
Division have been complied with and the	nat the information giv	en above		), (OL) (V)	· i i O i i D	1410101	<b>V</b>	
is true and complete to the best of my kn	iowledge and belief.		Date Approv	ved <b>nr.</b>	T 1 1 199	B		
				122	<u> </u>			
Signature			By	anional or	01/F2 51/			
Printed Name	j Pi	RES.	1 -	<del>DRIGINAL SK</del> M <b>IKE</b> WILLIAN	<del>JNED BY</del> MS			
Title 10/01/93 915-683-3171			Title SUPERVISOR, DISTRICT II					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.