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

State of New Mexico ergy, Minerals and Natural Resources Depart

OIL CONSERVATION DIVISION

Form C-104	
Revised 1-1-89	_
See Instructions	١
at Bottom of Page	è

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

P.O. Box 2088

RECEIVED

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

Santa Fe, New Mexico 87504-2088

00T - 8 1993 REQUEST FOR ALLOWABLE AND AUTHORIZATION . C. D.

I.	<u></u>	OTHA	NSF	OHIOIL	AND NA	IUHAL	GAS		A Carbon A	<u> </u>			
Operator Veria Oil & Cas Corporation							Well API No.						
Xeric Oil & Gas Corporation √								30-005-20325					
200 North Loraine, Suite 1111, Midland, Texas 79701													
Reason(s) for Filing (Check proper box)	,		-,			er (Please)					
New Well		Change in	Trans	porter of:	_		-						
Recompletion Dry Gas Dry Gas													
Change in Operator X Casinghead Gas Condensate													
If change of operator give name Burk Royalty Co., P.O. Box BRC, Wichita Falls, Texas 76307													
II. DESCRIPTION OF WELL AND LEASE													
Lease Name TR 3 Well No. Pool Name, Includi Double "L" Queen Unit 1 Double "L						- I				nd of Lease No. Me, Federal or Fee No. 0100070 N			
Location Location	III (<u> </u>		nore r	Queen	ASSOC.	late	1 ,		NM-019	99070-A		
Unit LetterO	_ : <u>33</u>	: 330 Feet From The South Line a						nd 2310 Feet From The East Lin					
Section 31 Township	<u> </u>	.4S	Range	• 30E	, NMPM,				Chaves Co				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS													
Name of Authorized Transporter of Oil X or Condensale Address (Give address to which approved copy of this form is to be sent)											ent)		
Navajo Refining Compan	ly			<u></u>	Drawer 159, Artesia, New Mexico 88211-0159								
Name of Authorized Transporter of Casinghead Gas X or Dry Gas GPM Gas Corporation					Address (Give address to which approved P.O. Box 5050, Bartle				copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.													
	<u> H </u>	36 1		S 29E	yes								
If this production is commingled with that it IV. COMPLETION DATA	rom any othe	r lease or p	xxxi, g	ive commingl	ing order num	ber:							
Designate Type of Completion	- (X)	Oil Well	- -	Gas Well	New Well	Workov	er	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded Date Compl. Ready to Prod.					Total Depth	J	l		P.B.T.D.	i			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth				
Perforations													
renorations									Depth Casin	g Shoe			
	TT	IRING (CASI	NG AND	CEMENTI	NC PEC	'O D D		<u> </u>				
HOLE SIZE		NG & TU			CEMENTING RECORD				810//0 05//5/				
	0,101		0.110	OILL .	DEPTH SET				POST ID-3				
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·					10-22-93				
									The AN				
									7				
V. TEST DATA AND REQUES								· · · · · · · · · · · · · · · · · · ·	'	-			
OIL WELL (Test must be after re Date First New Oil Run To Tank		d volume o	fload	oil and must	be equal to or	exceed top	allowa	ble for this	depth or be f	or full 24 hour	·s.)		
DECTION OF AUD TO TAIR	rst New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
Actual Prod. During Test	During Test Oil - Bbls.					Water - Bbis.				Gas- MCF			
GAS WELL				 					l	···	}		
Actual Prod. Test - MCF/D	Length of Te	st			Bbls. Condensate/MMCF Gravity of Condensate						 1		
Sesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIFICA	ATE OF (OMPI	IAN	VCF	<u> </u>				J				
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION								
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 OCT 11 1993								
						ن احراد							
Signature						^ -							
RANDALL CAPPS PRES.					By ORIGINAL SIGNED BY MIKE WILLIAMS								
Printed Name Title 10/01/93 915-683-3171					Title SUPERVISOR, DISTRICT II								
10/01/93 Date	312		hone h										
			.,_,,										

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.