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DISTRICT I
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## State of New Mexico ergy, Minerals and Natural Resources Departr

FELEIVED

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

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

OCT - 8 1993

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		OTRAN	SPORT OI	L AND NA	ATURAL G	AS						
Operator Versic Oil Case		Well API No.					_					
Address	_Xeric Oil & Gas Corporation√ Address					30-005-20329						
200 North Lorai	ne. Suite	e 1111	. Midla	nd. Tex	ras 7970	<b>1</b> 1						
Reason(s) for Filing (Check proper t	oox)		7 1120201		her (Please exp		<del></del>		<del></del>	_		
New Well		Change in Tr	ansporter of:	<u></u>	, , , , , , , , , , , , , , , , , , ,							
Recompletion	Oil		ry Gas									
Change in Operator X	Casinghead	Gas 🗌 C	ondensate									
If change of operator give name and address of previous operator	Burk Roya	lty Co	., P.O.	Box BF	RC. Wich	nita Fa	alls. T	exas	76307	-		
								CAGO	70307	_		
II. DESCRIPTION OF WE Lease Name						<del></del>						
Double "L" Queen			ol Name, Includ	_			of Lease					
Location	Onit	4	Double "I	Queen	ASSOCIA	ted   state	, reactar or re	• NM-019	99070-В	_		
Unit Letter N	: 19	980 <sub>Fe</sub>	et From The W	estu	ne and3	30 p	eet From The	South	Line			
Section 31 Tox	імем,	Chaves County										
III. DESIGNATION OF TE	RANSPORTER	OF OIL	AND NATU	IRAL GAS					Coding	-		
Name of Authorized Transporter of (	Address (Give address to which approved copy of this form is to be sent)											
Navajo Refining Company					Drawer 159, Artesia, New Mexico 88211-0159							
Name of Authorized Transporter of Casinghead Gas X or Dry Gas CPM Gas Corporation					Address (Give address to which approved copy of this form is to be sent) P.O. Box 5050, Bartlesville, Oklahoma 74005							
If well produces oil or liquids, Unit Sec. Twp. Rec.												
rive location of tanks.	<u>j H</u>	36   3	14S  29E	yes		1	• (					
f this production is commingled with V. COMPLETION DATA	that from any other	lease or poo	l, give comming	ling order nur	iber:					_		
Designate Type of Complet	ion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	-		
Date Spudded	Date Compl.	Date Compl. Ready to Prod.			Total Depth		P.B.T.D.		<u></u>	-		
									ļ			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay Tubing Depth							
Perforations								Depth Casing Shoe				
TIRING CASING AND					CEMENTING RECORD							
HOLE SIZE		NG & TUBIN		DEPTH SET			<del></del>			-		
	ONOMO & FORMO SIZE			DEFIN SEI			SACKS CEMENT					
1							11-12-52					
							shi m					
							1	7 7/2	<del></del>	<b>1</b>		
. TEST DATA AND REQU				<u> </u>			<u></u>		·	J		
OIL WELL (Test must be aft Date First New Oil Run To Tank	er recovery of total	volume of lo	ad oil and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hour	·s.)			
Date of Test					Producing Method (Flow, pump, gas lift, etc.)							
ength of Test	Tubing Press.	Tubing Pressure			Casing Pressure			Choke Size				
actual Prod. During Test	Test Oil - Bbls.			Water - Bbls.			Gas- MCF					
					······		OLD ME			ĺ		
GAS WELL										,		
ctual Prod. Test - MCF/D	xd. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size					
T OPERATOR CERTIF	ICATE OF C	ON COL	A NICE	( <u>-</u>		<del></del>	]					
I. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation						SERV	ATION! r	אואופוע	N1			
Division have been complied with and that the information given above				OIL CONSERVATION DIVISION								
is true and complete to the best of my knowledge and belief.					A	, ac	T 1 1 19	03				
				Date	Approved		13	27)				
Klim					-							
Signature RANDALL CAPPS PRES.					By ORIGINAL SIGNED BY							
RANDALL CAPPS PRES. Printed Name Title				MIKE WILLIAMS								
10/01/93	91	.5-683		Title.	3UP	CHVISOF	, DISTRIC	TII				
Date Telephone No.												

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.

