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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico nergy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

OCT 8 1993

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

Santa Fe, New Mexico 87504-2088

C. C. D.

I.		-OH ALLOWA							
Operator	<u> 1018</u>	ANSPORT O	L AND NA	TURAL G					
Xeric Oil & Gas	Corporation			- 1	API No. 30-005-20)330			
Address 200 North Loraine	e. Suite 11	11 Midla	nd may	7070	· · · · · · · · · · · · · · · · · · ·				
Reason(s) for Filing (Check proper box))	II, MIGIA		as 7970 her (Please expl		···			
New Well		n Transporter of:		iici (i iease expe	ain)				
Recompletion	Oil [Dry Gas							
Change in Operator	Casinghead Gas	Condensate							
If change of operator give name			D DD						
	rk Royalty	CO., P.O.	ROX RK	C, Wich	ita Fa	alls, Te	exas	7630)7
II. DESCRIPTION OF WELL Lease Name									
1· •	PR 7 Well No.	Λ /				of Lease		ease No	J.
Double "L" Queen t	Unit 2	Double "I	"L" Queen Associated			, Federal or Fee	MM-01	9982	7-A
Unit Letter K	2310		South	1.	650				
		_ Feet From The _	DOUCH Lin	e and	650 F	eet From The _	West	 -	_Line
Section 6 Townsh	hip 15S	Range 30E	, N	мрм,		Chaves	3	Cou	ıntv
III. DESIGNATION OF TRAI	NSPORTED OF O	ATT A NID NIA TEE	IDAL GAG						
Name of Authorized Transporter of Oil	or Conde	DEAND NATU		e address to wh		4			
Navajo Refining Compa	Address (Give address to which approved copy of this form is to be sent) Drawer 159, Artesia, New Mexico 88211-0159					F 0			
Name of Authorized Transporter of Casis	Address (Give address to which approved copy of this form is to be sent)								
GPM Gas Corporation	P.O. Box 5050, Bartlesville, Oklahoma 7400						4005		
If well produces oil or liquids, Unit Sec. Twp. Rg give location of tanks. H 36 145 29E			Is gas actually connected? Whe						
f this production is commingled with that		14S 29E	yes		L				
V. COMPLETION DATA	. Hom any other lease or	poot, give comming	ling order numl	ber:	··				
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	Same Pac'u	Din R	-
Date Spudded				<u> </u>			Mille Kes v	l I	ies v
Jan January	Date Compl. Ready to	Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas I	Pay	·				
Perforations						Tubing Depth			
end allons						Depth Casing Shoe			
	TUBING	CASING AND	CEMENTIN	IC DECORE					
HOLE SIZE	CASING & TU	CEMENTING RECORD DEPTH SET			SACKE OF HELE				
		DEFINSE			SACKS CEMENT				
						 			
									
TROTOLET				" · · · · · · · · · · · · · · · · · · ·					
TEST DATA AND REQUES	ST FOR ALLOWA	BLE		· · · · · · · · · · · · · · · · · · ·		L			
THE VIELE (1 est must be after red) ate First New Oil Rus To Tank	recovery of total volume of	of load oil and must	be equal to or t	exceed top allow	vable for this	depth or be for	full 24 hour	3.)	
ALE FUR NEW OIL RUB 10, 1ank	Date of Test		Producing Met	thod (Flow, pur	sp, gas lift, et	ic.)			
ength of Test	Tubing Pressure		Carlos D			·	· · · · · · · · · · · · · · · · · · ·		
Tuoing rressure			Casing Pressure			Choke Size			
ctual Prod. During Test	ual Prod. During Test Oil - Bbls.			Water - Bbls.			Gas- MCF		
						on me			
GAS WELL			· ····································						
ctual Prod. Test - MCF/D	Length of Test		Bbls. Condens	ale/MMCF		Gravity of Con			
							Gravity of Concensate		
sting Method (pitot, back pr.)	Tubing Pressure (Shui-in)		Casing Pressure (Shut-in)			Choke Size			
I OPERATION CENTER			,						
I. OPERATOR CERTIFICA	ATE OF COMPI	LIANCE	_		`				
I hereby certify that the rules and regular Division have been complied with and it	OIL CONSERVATION DIVISION								
Division have been complied with and the is true and complete to the best of my kn			•	10T 11	1003				
			Date	Approved		OCT 11 1	はなび		
	·	, ,		. —					
Signature	By ORIGINAL SIGNED DV								
RANDALI CAPPS	TI THE WILL OIGHT DY								
Printed Name	MIKE WILLIAMS Title SUPERVISOR, DISTRICT II								
10/01/93 Date	915-683-	3171 hone No.	11116_	SUPE	TIVIOUR	LUSTRICT	4		
- ·-									

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.