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

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

DISTRICT III

LL CONSERVATION DIVISIC.

ergy, Minerals and Natural Resources Departr

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Revised 1-1-89 UI' See Instructions at Bottom of Page

I.			OR ALLOWA				· • • • • • • • • • • • • • • • • • • •			
I. TO TRANSPORT OIL AN					TOTIAL GA	Welf API No.				
Xeric Oil & Gas C	l l			-005-20379						
Address	HAE DES	1-8/	1 20	-003-20379						
200 North Loraine	, Suit	e 111	1, Midla	nd, Tex	as 79701					
Reason(s) for Filing (Check proper box)					ет (Please explair			*		
New Well			Transporter of:					•		
Recompletion	Oil		Dry Cas							
	Catinghead	Gas U	Condensate							
• • • • • • • • • • • • • • • • • • • •			o., P.O.	Box BR	C, Wichi	ta Fa	lls, Te	xas 7	76307	
II. DESCRIPTION OF WELL										
Lease Name T	Well No.	Pool Name, Includ	-			of Lease No.				
Double "L" Queen U	L" Queen Associated State, Federal or Fee NM-17114									
Location										
Unit LetterD	_ :	330	Feet From The 🔔	North Lin	e and330'	F	et From The	WEST	Line	
Section 18 Township	in 15S		201	27						
Section 18 Townsh	ip 133		Range 301	, N	мрм,		Chaves	<u> </u>	County	
III. DESIGNATION OF TRAN	SPODTE	OFO	I AND NATE	DAT CAC						
Name of Authorized Transporter of Oil		or Condens			a address to whi-	.				
Navajo Refining Compar	Address (Give address to which approved copy of this form is to be sent) Drawer 159, Artesia, New Mexico 88211-0159									
Name of Authorized Transporter of Casin	or Dry Gas									
Name of Authorized Transporter of Casinghead Gas X or Dry Gas CRM Gas Corporation				P.O. B	ox 5050, E	<i>n approved</i> Bartle:	copy of this form is to be sent) sville, Oklahoma 74005			
If well produces oil or liquids,	Unit :	Sec.	Twp. Rge.	ls gas actually		When		***************************************	74003	
give location of tanks.	i H i		145 29E	yes	, commonent	1	•			
If this production is commingled with that	from any othe				er:					
IV. COMPLETION DATA	,	•								
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ama Dasiu	Diff Res'v	
Designate Type of Completion	- (X)	İ	1	1		Deepen	l Ling Dack 12	ame Kes A	Pair Kera	
Date Spudded	Date Compl.	Ready to F	rod.	Total Depth	L		P.B.T.D.	···	<u> </u>	
		, ,						1.B.1.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing For	nation	Top Oil/Gas Pay			Tubing Depth			
Perforations				Depth Casing Shoe						
	CEMENTING RECORD									
HOLE SIZE CASING & T			ING SIZE	DEPTH SET			SACKS CEMENT			
ļ								~3.1		
	<u> </u>						434.797			
	ļ	· · · · · · · · · · · · · · · · · · ·					VM 37			
V TEST DATA AND DECLIES	1 0101					10 10				
V. TEST DATA AND REQUES OIL WELL Test must be after re) 1		
OIL WELL (Test must be after re Date First New Oil Rup To Tank	covery of lola	volume of	load oil and must	be equal to or e	exceed top allowa	ble for this	depth or be for	full 24 hours	()	
Date I had been Oil Kill 10 1 and	Date of Test			Producing Met	hod (Flow, pump	. gas lift, et	c.)			
Length of Test	Tubic P					· - · · · · · · · · · · · · · · · · · ·				
rengal or less	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	011						A. Das			
Cital Prod. During Test Oil - Bbls.			Water - Bbia.			Gas- MCF				
CACTIFILE										
GAS WELL	, <u>, , , , , , , , , , , , , , , , , , </u>						•			
Actual Prod. Test - MCF/D	Length of Tea	ll		Bbls. Condensate/MMCF			Gravity of Condensate			
Toolog Make 42				Casing Pressure (Shut-in)						
Festing Method (pitot, back pr.) Tubing Pressure (Shul-in)							Choke Size			
h										
VI. OPERATOR CERTIFIC/	TE OF	OMPL	IANCE							
I hereby certify that the rules and regulations of the Oil Conservation) 0	IL CONS	ERVA	TION DI	IVISIO	٧	
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 0CT 1 1 1993						

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.

ORIGINAL SIGNED BY MIKE WILLIAMS

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

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.