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

State of New Mexico nergy, Minerals and Natural Resources Depar

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

	REQUEST	-OH ALLOWA	RLE AND	AUTHORI	ZATION				
I.	TOTA	IANSPORT OF	L AND NA	TURAL G	AS				
Operator					Well API No.				
Xeric Oil & Gas Corporation				30-005-20					
Address								•	
200 North Loraine	Suite 11	11. Midla	nd. Tex	as 7970	1				
Reason(s) for Filing (Check proper box)	7 54110 11	117		er (Please expl					
New Well	Change	in Transporter of:		ici (i icust exp	u.,,				
	r	_							
Recompletion	Oil L	Dry Gas							
	Casinghead Gas	_ Condensate							
If change of operator give name and address of previous operator Bur	k Royalty	Co., P.O.	Box BR	C, Wich	nita Fa	lls, T	exas 3	76307	
								······································	
II. DESCRIPTION OF WELL	AND LEASE								
Lease Name TR	1 Well No	ing Formation Kin			of Lease No.				
Double "L" Queen U	Jnit 8	" Queen Associated Sum			Federal or Fee NM-17114				
Location									
Unit LetterC	. 990	Feet From The	North Li	. and 165	50 -		West		
Omt Letter	_ :	reet from the _	110± C11	e and	Fe	et From The.	- Nese	Line	
Section 18 Townshi	ip 15S	Range 30	DE .N	мрм,		Chave	e		
Section 18 Townshi	<u>p 133 </u>	Kange 30	, N	Mrm,		CHave		County	
TI DESIGNATION OF TO AN	JEDODTED OF	OU AND MATE	IDAT CAC						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	as Cond						 		
•		colore		ve address to w					
Navajo Refining Compar			Drawer 159, Artesia, New Mexico 88211-0159						
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)								
GPM Gas Corporation			P.O. E	∞ 5050,	Bartles	wille,	Oklahoma	a 74005	
If well produces oil or liquids,	Unit S∞c.	Twp. Rge	. Is gas actual	y connected?	connected? When ?				
give location of tanks.	iн 136	114S 29E	yes	•	i				
f this production is commingled with that	· ·			her					
V. COMPLETION DATA		. poor, gave containing	ung older num				····		
TO COME DELIGIT DATA	louw	" 1 0 ""	-(- :	<u> </u>			·		
Designate Type of Completion	Oil We	il Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
				l. <u></u>	<u> </u>		<u> </u>		
Date Spudded	Date Compl. Ready	to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Pay		Tubing Depth			
Perforations						Depth Casing Shoe			
	TUBING	, CASING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & T	7	DEPTH SET			SACKS CEMENT			
	ONG TO DING GIZE		DEF IN SET			1			
,	 				···	100) 		
			+		····	17V	<u> 57</u>		
			ļ			\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\)		
TECT DATA AND DECLING	<u> </u>		<u> </u>			1, 10,	151		
. TEST DATA AND REQUES						` '	o. 0 .		
OIL WELL (Test must be after re	ecovery of total volume	e of load oil and mus	i be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hour	rs.)	
Date First New Oil Run To Tank	Date of Test		Producing M	thod (Flow, pu	ump, gas lift, e	c.)			
								ļ	
ength of Test	Tubing Pressure		Casing Press	ire		Choke Size			
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.		Gas- MCF					
	Oil - Bois.		Water - Bola			out mer			
	<u> </u>		J	· · · · · · · · · · · · · · · · · · ·				<u> </u>	
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conden	sate/MMCF		Gravity of C	ondensate		
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)		Casing Press	Casing Pressure (Shut-in)						
			, ,	,		Choke Size			
U ODED ATOD CEDATES						J			
I. OPERATOR CERTIFICA	ATE OF COM	PLIANCE		OIL CON	ICEDV	TION	211/1010		
I hereby certify that the rules and regula	Mions of the Oil Conse	rvation		DIL CON	DEHAN		טופועונ	אי	
Division have been complied with and the	hat the information give	ven above	11						
is true and complete to the best of my lo	mowledge and belief.		Date	Approve	4 N	CT 11	1002		
$\leq 11/1/$			Date	, phi ove	<u> </u>	- · · · ·	1 		
- Kla				ORIGINAL TOTAL					
Signature				By ORIGINAL SIGNED BY MIKE WILLIAMS					
RANDALL CAPPS	PI	RES.		21 ID:	- WILLIAN	S			
Printed Name	015 60	Title	Title	5071	ERVISOR,	DISTRIC	TII		
10/01/93	915-683								
Date	Tel	ephone No.	11						

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.