Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. 20x 1980, Hobbs, NM 88240

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

## State of New Mexico ergy, Minerals and Natural Resources Depart

RECEIVED

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

## OIL CONSERVATION DIVISION OCT - 8 1993

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O.	tj.	D.
4		-

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TO TRA	NSPORT OIL	AND NAT	TURAL GA	<u>Տ</u> լա	51 No.		<del></del>	
Operator				Well API No.					
Xeric Oil & Gas Corporation /					30-005-60069				
Address 200 North Loraine,	Suita 111	1 Midlan	d, Texa	as 79701	l				
Reason(s) for Filing (Check proper box)	DUTLE III	-/ 11202011	Othe	r (Please explai			<del></del>		
New Well	Change in	Transporter of:	\	•					
Recompletion	Oil Dry Gas								
Change in Operator	Casinghead Gas	Condensate							
If change of operator give name Burk	Royalty C	O., P.O.	Box BR	C, Wich:	ita Fa	lls, Te	exas 7	6307	
and an provided of provided									
II. DESCRIPTION OF WELL A		In the tree	F	<del> </del>	Wind o	11 400	1 1 0	se No.	
	State Federal or Fee P 10/18						1		
Double "L" Queen Ur	nit   2	Donpte r	Queen	ASSOCIATE	<del>~</del>	<del> </del>	15		
Location	1980	Feet From TheN	orth	. 660		. En la estada	East	Lina	
Unit LetterH	:	Feet From The	Lio	e and	rec	t From The		Line	
Section 36 Township	145	Range 29E	, N	MPM.		Chave	s	County	
Section 30 Township	,								
III. DESIGNATION OF TRANS	SPORTER OF O	IL AND NATU	RAL GAS					<del></del>	
Name of Authorized Transporter of Oil	Or Conde		Address (Giv	e address 10 wh				L	
Navajo Refining Compan	Y			159, Art					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas			Address (Give address to which approved copy of this form is to be sent) P.O. Box 5050, Bartlesville, Oklahoma 74005						
GPM Gas Corporation	ļ	y connected?	When		VI LUI BUILD	, , 1003			
If well produces oil or liquids, give location of tanks.	Unit   Sec.	Twp.   Rge.  145  29E	yes	y connected?	144161	•			
If this production is commingled with that f	1		<u> </u>	ber:			<del></del>		
IV. COMPLETION DATA	nom any outer rease or	hand Brie animings	p = reer mail						
[	Oil Wel	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		i	İ	<u>.</u>	<u> </u>		<u> </u>	<u> </u>	
Date Spudded	Date Compl. Ready t	o Prod.	Total Depth			P.B.T.D.			
		* * * * * * * * * * * * * * * * * * *	N						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay			Tubing Dep	oth			
		I	<del> </del>		Depth Casin	ng Shoe			
Perforations			*			Lepui Casii	-B Ollow		
	אמודר	CASING AND	CEMENT	NG RECOR	D	<u> </u>	<del></del>		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE		CLITICITY	DEPTH SET		T	SACKS CEMENT		
HOLE SIZE	CASING & TODING SIZE		DEF III DE I			Port ID-3			
							10-22-93		
							the ap		
						0/			
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE							
OIL WELL (Test must be after re	ecovery of total volume	of load oil and must	be equal to o	r exceed top allo	owable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		Producing N	lethod (Flow, pt	ump, gas lift, e	etc.)			
						Choke Cir-			
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
			Water - Bbis.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.		Water - Dolk			Gae, McI			
	1		1			<u> </u>			
GAS WELL	U some of Text		Rhie Conda	nsale/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shui-in)		Casing Pressure (Shut-in)		Choke Size				
transfer that the transfer the transfer that the	Table 1								
W OPERATOR CERTIFIC	ATE OF COM	DI IANCE	-						
VI. OPERATOR CERTIFICATE OF COMPLIANCE			OIL CON	<b>ISERV</b>	<b>ATION</b>	DIVISIO	NC		
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above									
is true and complete to the beg of my			Dat	e Approve	.д <b>В</b>	CT 11	1993		
			Dat	a whhione					
1 Com	<b>-</b>		n.						
Signature DDFC DDFC		ORIGINAL SIGNED BY							
RANDALL CAPPS PRES.  Printed Name Title			MIKE WILLIAMS						
10/01/93	915-6	83-3171	Title	SUPE	RVISOR,	DISTRIC	<u></u>	<del></del>	
		1 - b NI-	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.