DISTRICT | P.O. Box 1980, Hobbs, NM 88240

RANDA

Printed Name

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

OIL CONSERVATION DIVISIG.

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Revised 1-1-07 See Instructions Coal at Bottom of Page	λ' γ'
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DISTRICT III		santa Fe, New	Mexico 87504	-2088			
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST		ABLE AND A		TION		
I. Operator	TO TP	RANSPORT	OIL AND NAT	URAL GAS			
Xeric Oil & Gas				30005601			
Address 200 North Lorain	e Suite 1	111 MSA	land Tour	7070			
Reason(s) for Filing (Check proper box)		III, MIG.		(Please explain)	1		
New Well		in Transporter of:		(r isase expansis)			
Recompletion	Oil [Dry Gas				•	
If change of position sine same	Casinghead Gas	Condensate [WIW		
and address of previous operator DU	rk Royalty	Co., P.	D. Box BRC	, Wichit	ta Falls, T	Cexas 76307	
II. DESCRIPTION OF WELL		- 1	·				
Double "L" Queen Unit	TR 15 1	1	luding Formation L" Queen As:		Kind of Least State Federal or Fed	Lease No.	
Location		Inogote	L Queen As:	sociated		B-10417-4	
Unit Letter H	_:330	_ Feet From The	East Line a	nd 1980	Feet From The _	North Line	
Section 12 Townsh	ip 15S	Range 29	E NMP	М,	Chav	es County	
III. DESIGNATION OF TRAN	VSPODTED OF C	NE AND NAT	FLIDAT CLC				
Name of Authorized Transporter of Oil	or Conde	ensale	Address (Give a	ddress to which a	approved copy of this fo	rm is to be sent)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)							
If well produces oil or liquids,	Unit Sec.	Twp. R	ge. Is gas actually co		1.00		
give location of tanks.	<u>i</u> i	i i			When?	•	
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	r pool, give commi	ngling order number:				
Designate Type of Completion	- (X) Oil Wel	Gas Well	New Well V	Vorkover D	eepen Plug Back	Same Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to	o Prud.	Total Depth		P.B.T.D.	i	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing C		Top Oil/Con Page				
<u></u>	Name of Producing Formation 'T		TOP OIDGE PAY	Top Oil/Gas Pay		Tubing Depth	
Perforations			······································		Depth Casing	Shoe	
	TUBING	CASING AN	D CEMENTING	PECOPO			
HOLE SIZE	CASING & TL	JBING SIZE	CEMENTING RECORD DEPTH SET SACKS CEMENT			ACKS CEMENT	
					1 1	1 2 20-5	
	ļ				10-	10-52-93	
	 					P 1-12	
V. TEST DATA AND REQUES					(
OIL WELL (Test must be after re Date First New Oil Run To Tank	ecovery of total volume	of load oil and mi	ist be equal to or exce	eed top allowable	for this depth or be fo	r full 24 hours.)	
Determine the Oil Kon 10 120K	Date of Test		Producing Method	1 (Flow, pump, go	as lift, etc.)		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	Choke Size	
Actual Prod. During Test	Oil - Bbis.		Water - Bbis.		C. VCE	Gas- MCF	
					Gast Mer		
GAS WELL							
Actual Prod. Test & MCF/D	Length of Test	•	Obla. Condensate/	MMCF	Gravity of Cor	ndensate	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-	in)	Casing Pressure (5	Shut-In)	Choke Size		
VI OPEDATOR CERTIFIC	TR OR COL						
VI. OPERATOR CERTIFICATION I hereby certify that the rules and regular	VIE OF COMP	LIANCE		CONSE	RVATION D	IVICION	
Division have been complied with and the	hat the information give	n above		, 001101	TAVLIOND	IVIOIUN	
is true and complete to the best of my to	sowledge and belief.		Date Ap	proved	OCT 1 1 1993	<u> </u>	
- XC				,			
61.			H D.,				

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.

Title.

ORIGINAL SIGNED BY

MIKE WILLIAMS

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

Title

317 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.