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

State of New Mexico "nergy, Minerals and Natural Resources Depart

OIL CONSERVATION DIVISION

RECEIVED

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

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

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 OCT - 8 1993

C. L. D.

DISTRICT III					
1000 Rio Brazon	DA.	ATTAC	NM.	87410	

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRAN	ISPORT OI	L AND N	ATURAL C	SAS				
Operator					Well API No.					
Xeric Oil & Gas Corporation/						30	0-005-601	-005-60146		
	C., +	. 1111	Mi ala							
200 North Loraine Reason(s) for Filing (Check proper box)	, Sult	6 1111	, MIUIA		cas /9/ ther (Please exp					
New Well		Change in Ti	ansporter of:		aici (i iems ext	piainj				
Recompletion	Oil		ry Gas							
Change in Operator X	Casinghead	i Gas 🔲 C	ondensate							
If change of operator give name and address of previous operator Bur	k Roya	lty Co	., P.O.	Box BI	RC. Wic	hita F	alls. T	exas	76307	
							2110/ 1		70307	
II. DESCRIPTION OF WELL Lease Name										
Double "L" Queen U							of Leade , Féderal or Fe	• I •	Lease No.	
Double "L" Queen Unit 1 Double "L" ocation					ASSOC1a	tea	/	K-49	88	
,	_ :990			Nonth	_		,			
Unit Scient	_ ·	r	ed From The _	NOT CIT	ne and	<u> 330</u> F	eet From The.	East	Line	
Section 12 Townshi	ip 15S	R	ange 29E	. 1	мрм,		Chave	s	County	
									County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil				RAL GAS						
•	ואו	or Condensate		Address (G	ve address to w	vhich approve	d copy of this f	orm is to be s	ent)	
Navajo Refining Compar Name of Authorized Transporter of Casing	IV sheed Gas	X or	Dry Gas	Drawei	159, Aı	rtesia,	New Mexi	.co 8821	1-0159	
GPM Gas Corporation	grad Cas	رکے ۵۰	DIY GZE	P.O. F	we address to w 30x 5050	vhich approved Bart le	d copy of this for	orm is to be s	ent)	
If well produces oil or liquids.	Unit	Sec. TV	vp. Rge.		ly connected?	When		CKTATION	a 74005	
give location of tanks.	<u> </u>	36 1	4S 29E	yes		1 *********	1 7			
f this production is commingled with that	from any othe	r lease or poo	, give comming	ling order nun	nber:					
V. COMPLETION DATA					***************************************					
Designate Type of Completion	. (Y)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		<u> </u>	<u> </u>	1	1	<u> </u>		İ	İ	
Jan Spanie	Date Compi.	. Ready to Pro	xd.	Total Depth	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Forma		Ton Oil/Gas	Top Oil/Gas Pay					
			23017	, , , , , , , , , , , , , , , , , , , ,			Tubing Depth			
Perforations		· · · · · · · · · · · · · · · · · · ·		<u> </u>			Depth Casing	g Shoe		
							'	,		
11015 0175				CEMENTING RECORD						
HOLE SIZE	CASI	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
				 			PA	st TD		
	 	· · · · · · · · · · · · · · · · · · ·			T-1		<u> </u>	1-22-9		
					···		ļ	chi of	<u> </u>	
. TEST DATA AND REQUES	T FOR AL	LOWABI	E				<u> </u>			
OIL WELL (Test must be after re	covery of sola	l volume of lo	ad oil and must	be equal to or	exceed top allo	owable for thi	depth or be fo	or full 24 hou	rs.l	
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow, pu	ump, gas lift, e	(c.)		"	
ength of Test										
augur or rea	Tubing Press	nue		Casing Pressure			Choke Size			
actual Prod. During Test	al Prod. During Test Oil - Bbls.		Water - Bbls.			Gas- MCF				
_	J., 2011.			· · · · · · · ·			OM- MCF		}	
GAS WELL			 1	·····			<u> </u>		J	
ctual Prod. Test - MCF/D	Length of Tea	st		Bbls. Conden	sale/MMCE		10			
			Doi: Colculate Hillo			Gravity of Condensate				
ing Method (pitot, back pr.) Tubing Pressure (Shut-in)		Casing Press	re (Shut-in)		Choke Size					
I. OPERATOR CERTIFICA	TE OF C	COMPLIA	ANCE				·			
I hereby certify that the rules and regular	tions of the Oil	1 Conservation			DIL CON	ISERV.	ATION [DIVISIO	N	
Division have been complied with and the is true and complete to the best of my kn	ial the informa	ition given ab	ove							
		UEIIEI.		Date	Approved	d <u> </u>	T 11 10	193		
	_									
Signature				By	OR.	IGINAL SI	GNED BY			
RANDALL CAPPS PRES.			MIKE WILLIAMS							
10/01/93	915-	Title 683-31		Title.	SU	PERVISO	R, DISTRIC	CT II		
Date		Telephon								

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.