

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

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

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

L CONSERVATION DIVISIO

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

See instructions
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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator

Xeric Oil & Gas Corporation

EFFECTIVE 5-27-97

Well API No.

30-005-60178

Address

200 North Loraine, Suite 1111, Midland, Texas 79701

Reason(s) for Filing (Check proper box)

New Well

Recompletion

Change in Operator

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

If change of operator give name and address of previous operator

Burk Royalty Co., P.O. Box BRC, Wichita Falls, Texas 76307

II. DESCRIPTION OF WELL AND LEASE

Lease Name

TR 16

Well No.

11

Pool Name, Including Formation

Double "L" Queen Associated

Kind of Lease

State, Federal or Fee

Lease No.

B-10418-78

Location

Unit Letter

K

Feet From The

2310

South

Line and

2310

Feet From The

West

Line

Section

25

Township

14S

Range

29E

NMPM,

Chaves

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Navajo Refining Company

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 Casinghead Gas

GRM Gas Corporation

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 5050, Bartlesville, Oklahoma 74005

If well produces oil or liquids, give location of tanks.

Unit

H

Sec.

36

Twp.

14S

Rge.

29E

Is gas actually connected?

yes

When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res'v

Diff Res'v

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

Part 10-3

10-21-93

chg up

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil - Bbls.

Water - Bbls.

Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pilot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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 best of my knowledge and belief.

Signature

RANDALL CAPPS

PRES.

Printed Name

10/01/93

Title

915-683-3171

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

OCT 11 1993

By

ORIGINAL SIGNED BY

MIKE WILLIAMS

Title

SUPERVISOR, DISTRICT II

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.