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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico ergy, Minerals and Natural Resources Depart

Form C-104 Revised 1-1-9 OCT - 8 1993

OIL CONSERVATION DIVISION

See Instructions at Bottom of Page	1/
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DISTRICT II P.O. Drawer DD, Artesia, NM 88210		P.O. Box 2088						0T - 8 i	993	V		
DISTRICT III		Santa Fe, New Mexico 87504-2088						O. C. D.				
1000 Rio Brazos Rd., Aziec, NM 87410 I.	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS											
Operator								Well API No.				
Xeric Oil & Gas Corporation						;	30-005-60197					
200 North Loraine	. Suit	re 11	11.	Midlar	nd Tev	as 7970	١1					
Reason(s) for Filing (Check proper box)	, 501			1114141		her (Please expl						
New Well	0"	Change in	7									
Recompletion	Oil Casinghea	ad Gas	Dry G									
If change of operator size name					Box BE	RC, Wich	nita Fa	ills. T	Cexas '	76307		
II. DESCRIPTION OF WELL										70307		
	R 20	Well No.	Pool N	lame, Includ	ing Formation	***************************************	A Clark	of Leage		ease No.		
Double "L" Queen U	nit	1			-	Associat		Federal or Fe				
Location								,				
Unit LetterL	_ :	330	_ Feet Fi	rom The	West Li	x and16	550 F	et From The	South	Line		
Section 24 Townshi	p 1/2	is 14	Range	29	Ε , Ν	ІМРМ,		Chave	es	County		
III DECICNATION OF TRAN	CDODEE	n or o		(F) 114 (F)	5.1							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conde		DNATU		ve address to w	hich approved	Conv of this	form is to be se	•=t]		
Navajo Refining Company						159, Ar						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas				Address (Gi	ve address to w	hich approved	copy of this	form is to be se	ent)			
GPM Gas Corporation If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.		30x 5050, ly connected?			Oklahoma	a 74 005		
give location of tanks.	H	•		29E	yes	y connected?	When	. 7				
If this production is commingled with that IV. COMPLETION DATA	from any oth	ier lease or	pool, giv	ve comming	ing order num	iber:						
Designate Time of Completion		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion Date Spudded	- (X) Date Comp	l Baadu te			Total Depth	<u> </u>	<u> </u>	l,	<u>i</u>			
	Date Comp	л. кежду ш) Flou,		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing Fr	ormation		Top Oil/Gas Pay			Tubing Dep	th			
Perforations	<u> </u>											
								Depth Casir	ig Shoe			
	Т	UBING,	CASII	NG AND	CEMENTI	NG RECOR	D	<u> </u>				
HOLE SIZE	1	SING & TU				DEPTH SET		SACKS CEMENT				
								Put ID-3				
								10-22-93				
/ TECT DATA AND DECLIES	T FOD A	11010	. D. E						che ma			
/. TEST DATA AND REQUES OIL WELL (Test must be after re				oil and must	he equal to or	exceed ton all	unable for this	donth on he	0 /	•		
Date First New Oil Run To Tank	Date of Tes	d	-, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Producing M	ethod (Flow, pu	mp, gas lift, e	ic.)	or Juli 24 hour	<u>'s.)</u>		
length of Test	of Test Tubing Pressure				Casing Press.	ire		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				
osting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
'I. OPERATOR CERTIFICA		COL	T 7 A 2 1		· · · · · · · · · · · · · · · · · · ·	-]				
I hereby certify that the rules and regular	tions of the (Oil Conserv	vation	•		OIL CON	SERVA	ATION I	DIVISIO	N		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			OIL CONSERVATION DIVISION									
The same and configurate to the best of the to	iowieoge and	u Dellef.			Date	Approved	<u> </u>	T 11 19	193			
Signature RANDALL CAPPS			RES.		Ву	ORIGI	NAL SIGN	ED BY				
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

10/01/93

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

MIKE WILLIAMS

SUPERVISOR, DISTRICT !!

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

PRES

683-317

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.