Submit 5 Copies Appropriate District Office DISTRICT I		1	ور . ا			ew Mexico Iral Resources Departm					Form C-104 Revised 1-1-89 See Instructions	
DISTRICT II		OIL CONSERVA							ECHVED	al Botto	m of Page	
P.O. Drawer DD, Anenia, NM DISTRICT III	P.O. Box 2088 Santa Fe, New Mexico 87504-2088						DE	DEC 0 8 1993				
1000 Rio Brazos Rd., Aziec, NN	4 87410								Q I D			
I. Operator								API No. 005-60903				
XERIC OIL				/				30-0	102-009	03		
P.O. BOX 5 Reason(s) for Filing (Check pro		MIDL	AND,	TEXAS	5 7971		т (Please explai	n)				
New Well	-	Oil	Chaoge i	a Traaspor Dry Gas			1 m T 1 T m 1 1	(01.(0)	n			
Change in Operator		Casinghe		Condens			TIVE 11					
and address of previous operato II. DESCRIPTION OF	للظظ ا	LY BA		<u> </u>	BOX	11193.	MIDLANE	<u>, 1X.</u>	19702		•	
LANSE NAME STATE						QUEEN A	ASSOC.		of Lease Federator Fee		ease No.	
Location Unit Letter		Feet From The				South Line and 1650			est From TheLine			
Section 1	Township	, 15	S	Range	29E	, NN	APM, CHAN	/ES		·····	County	
III. DESIGNATION O	er of Oil	۲X	CR OF C		<u>D NATU</u>	Address (Give	e address 10 whi	ch approved	copy of this fo	rm is 10 be se	(M)	
NAVAJO REF				or Dry (Dar	+	EMAN AVI address 10 whi					
If well produces oil or liquids, give location of tanks.				Unit Sec. Twp. Rge.			Is gas actually connected?		When ?			
If this production is commingled	I with that f	rom any ou	her lease o	r pool, give	e commung	ing order pumb	er:	<u>_</u>			j	
IV. COMPLETION DA			Oil We	II G	aş Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'y	
Designate Type of Cor Date Spudded	npiedon ·	Dale Com	pl. Ready	Lo Prod.		Total Depth	ll		P.B.T.D.			
Elevations (DF, RKB, RT, GR,	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforaciona						; 			Depth Casing Shoe			
			TUBING	CASIN	GAND	CEMENTIN	C RECORT	<u>`````````````````````````````````````</u>				
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
. TEST DATA AND R	FOUES	TFORA		ARIE		*						
	be after re	covery of 10	nal volume		land musi	be equal to or t	exceed lop allow	able for thu	depth or be fo	or full 24 hou	75.)	
		Date of Te	g 			Producing Mei	thod (Flow, pum	φ. g as lýt, e		a cati	AID	
Length of Test		Tubing Pressure				Casing Pressure			Choke Size / 1-14-93			
Actual Prod. During Test		Oil - Bbls.				Water - Bbis			Gas- MCF	elig	OP	
GAS WELL						*			L	0	J	
Actual Prod. Test - MCF/D		Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
esung Method (pilot, back pr.)		Tubing Pre-	seure (Shu	l·in)		Casing Pressur	e (Shui-in)	**************************************	Choke Size	******		
I. OPERATOR CER I hereby certify that the rules Division have been complied is true and complete to the be	and regulati with and th	ions of the i	Oul Conser	VALION	CE						DN	
Sein K.	An	Jaco	//				Approved	U	<u>L 091</u>	772		
Signature KEVIN K. GAFFORD OPER MGR Printed Name Title						By						
<u>12/07/93</u> Date		915-0	<u>683-3</u> Tele	171 phone No		Title_		·····				
INCTRUCTIONS												

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.