Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico nergy, Minerals and Natural Resources Depar

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

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

חוקדפורד זוו

OIL CONSERVATION DIVISION

P.O. Box 2088

8 1993

Santa Fe, New Mexico 87504-2088

Q. L. D

1000 Rio Brazos Rd., Aztec, NM 87410	DEOU	COT E	^n .ı		D) = 1110	41177110		The state of	\		
I.						AUTHORI					
TO TRANSPORT OIL AND NATURAL GA								Well API No.			
Xeric Oil & Gas Corporation√							""	30-005-20320			
Address								30-003	-20320		
200 North Loraine	, Suit	<u>e 111</u>	1, 1	Midlar	nd, Tex	as 7970	1				
Reason(s) for Filing (Check proper box)						ner (Please expl					
New Well		Change in	•								
Recompletion	Oil		Dry Ga								
If change of operator give name	Casinghead				· · · · · · · · · · · · · · · · · · ·	***************************************					
and address of previous operator Bur	k Roya	lty C	0.,	P.O.	Box BR	C, Wich	ita Fa	lls, Te	xas	76307	
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name TR 10 Well No. Pool Name, Includir							Kind	of Lease	I	ease No.	
Double "L" Queen U	nit	_ 1	Dou	ble "L	" Queen	Associat	ed State,	Federal or Fee	NM-03	317354	
Unit LetterL	_ :19	980	Feet Fn	om The	South Lin	e and 66	50 E	et From The	West	¥ !	
forting (m 1)	150		_							Line	
Section 6 Townshi	p 15S		Range	30E	, N	MPM,		Chaves	· · · · · · · · · · · · · · · · · · ·	County	
III. DESIGNATION OF TRAN	SPORTER	OF OI	LAN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Company						Drawer 159, Artesia, New Mexico 88211-0159					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
GPM Gas Corporation If well produces oil or liquids, Unit Sec. Two. Rec						P.O. Box 5050, Bartlesville, Oklahoma 74005					
ive location of tanks.	Unit S	Sec. 36	Twp.	1 Rge.	is gas actuali yes	y connected?	When	?			
this production is commingled with that						her					
V. COMPLETION DATA			, 6	· ·	ing older autili	····					
Designate Type of Completion	· (X)	Oil Well	ļ	as Well	New Well	Workover	Deepen	Plug Back Sa	ıme Res'v	Diff Res'v	
Date Spudded	Date Compl.	Pendy to	Day.		Total Depth	<u>[</u>	L	<u> </u>		1	
Date Compi. Re			riou.		roza Depui			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								rabing Deput			
V11 V1 BUVLD								Depth Casing Shoe			
	77	IDDIC 4	CACIN	0.4110	GE1 453 1551			<u> </u>			
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE						<u> </u>	,			
CASING & TUBING S				ZE		DEPTH SET	······································	SACKS CEMENT			
								11-40 62			
						·	····	10	22-23	<u> </u>	
								C	5 7		
. TEST DATA AND REQUES IL WELL Test must be often re									· · · ·		
IL WELL (Test must be after relate First New Oil Run To Tank	covery of total	l volume o	load oi	l and musi i	be equal to or	exceed top allow	vable for this	depth or be for	full 24 hour	·s.)	
THE THE THE THE TOTAL	ank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
ength of Test	Tubing Press.	ıre			Casing Pressu	ne		Choke Size		· · · · · · · · · · · · · · · · · · ·	
					owing rrossu			CHOAC SIZE			
ctual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
	L	·				···					
GAS WELL											
ctual Prod. Test - MCF/D	Length of Tes	st			Bbls. Condens	ale/MMCF		Gravity of Conc	ensate		
ting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)						
mine streetice (prior, ouck pr.)	w.) Tubing Pressure (Shui-in)							Choke Size			
I. OPERATOR CERTIFICA	TE OF C	יסגעסי	TANIC	~=-	ſ 						
I hereby certify that the rules and regular	tions of the Oil	Conserva	tion	اند		IL CON	SERVA	ים אטודי	VISIO	N	
Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved						
					Date	whhioved		· + + 133	<u></u>		
Signature					Ву			UED D) (
DANDATT GARRO					ORIGINAL SIGNED BY						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

RANDALL

Printed Name

Date

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 II

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

915-683-3171 Telephone No.

Title

- 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.