Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico nergy, Minerals and Natural Resources Depar. at

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

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

OIL CONSERVATION DIVISION

Santa Fe, New Mexico 87504-2088

P.O. Box 2088

00T - 8 1993

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	····	10 1117	*****	0111 01	L AND IV	TIONALG		A DI No			
Xeric Oil & Gas Corporation							Wen	Well API No.			
Address Corporation v								30-005-60138			
200 North Loraine	e. Suit	e 111	11.	Midla	nd Ter	kas 7970	1 1				
Reason(s) for Filing (Check proper box)						her (Please exp					
New Well Change in Transporter of:											
Recompletion	Oil		Dry G	$\overline{}$							
Change in Operator	Catinghea	d Gas	Conde								
If change of operator give name and address of previous operator Bull	·				Вох В	RC, Wich	nita Fa	alls, T	'exas	76307	
II. DESCRIPTION OF WELL											
Lease Name	Name TR 16 Well No. Pool Name, Includi										
Double "L" Queen [Not Lease No. e, Poderal or Fee B-10418-78			
Location	7111 (10	1 100	note r	Queen	ASSOC1at	ted print	Todalal or re	E B-10	0418-78	
Unit Letter O	_ :1	980	. Feet F	rom The	East L	ne and	330 F	cet From The	South	Line	
Section 25 Townsh	149		_	205			•			LINE	
Section 25 Townsh	ip 14S		Range	29E		МРМ,		Chave	s	County	
III. DESIGNATION OF TRA! Name of Authorized Transporter of Oil		R OF OI	ILAN	ID NATU	RAL GAS						
Navajo Refining Company						Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casin	DV Inhead Coa	X	or Dry	<u> </u>	Drawer 159, Artesia, New Mexico 88211-0159 Address (Give address to which approved copy of this form is to be sent)						
GPM Gas Corporation	Address (Gi	we address to w	hich approved	copy of this f	orm is to be se	ent)					
					P.O. E	30x 5050,	Bartle	sville,	Oklahom	a 74005	
give location of tanks.	Unit	Sec. J 36 J	Twp.	Rge.	1	ly connected?	When	?			
f this production is commingled with that	_1 1		14S	129E	yes		L				
f this production is commingled with that V. COMPLETION DATA	from any oute	er lease or p	0001, giv	e comming!	ing order nur	iber:		···			
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	J		P.B.T.D.	l <u> </u>		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
erforations											
						Depth Casing Shoe					
TUBING, CASING AND						CEMENTING RECORD					
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			ACKS CEME	TAIT	
								Pas	I I De	<u> </u>	
								10-22-93			
								A La MA			
								-	7		
. TEST DATA AND REQUES					·						
IL WELL (Test must be after ro	covery of low	il volume of	fload o	il and must b	be equal to or	exceed top allo	wable for this	depth or be fo	or full 24 hours	·)	
ate First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
ength of Test	Tubing Pressure				Casing Pressu	re		Choke Size			
ctual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
SAS WELL			 .								
ctual Prod. Test - MCF/D											
cual Flot. Test - MCF/D	Length of Te	s t			Bbls. Condens	ate/MMCF		Gravity of Co	ndensate		
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					_i						
sung meurou (puor, pack pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA	TE OF C	COMPI	TANI	~E			J				
I. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation						IL CON	SERVA	TION	NIVICIOI	N I	
Division have been complied with and that the information given above						TE OOM	OLITYA	HONL	11/12/1/1	i V	
is true and complete to the best of my knowledge and belief.								T 4 4			
					Date	Approved	UC	T 111	193		
· KC											
Signature PANDATI CARRO					ByORIGINAL order						
RANDALL CAPPS PRES.					ORIGINAL SIGNED BY MIKE WILLIAMS						
10/01/93 915-683-3171					Title SUPERVISOR, DISTRICT II						
Date			one No.				······································	AIS! UIC	[
		rechin	~~~ 14O	11							

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.