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

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		JEST F	OR AL	LOWAE	BLE AND	AUTHORI					
I. Operator		TOTRA	INSP	OH I OIL	AND NA	I UHAL G		API No.			
Xeric Oil & Gas Co	ompany	,	· · · · · · · · · · · · · · · · · · ·								
P. O. Box 51311 M	idland	l, Tex	as 7	9710							
Reason(s) for Filing (Check proper box)					X Othe	er (Please expl	ain)				
New Well		Change in	•		-		(m 3)				
Recompletion 57	Oil	_	Dry Gas	_	Tu	jection	(TA)				
Change in Operator	Casinghea	d Gas	Conden	sate []		····	 				
•		-	ing	Corp.	P. O.	Box 91	l Brec	kenrid	ge, Tex	kas 7642	
II. DESCRIPTION OF WELL	Well No. Pool Name, Includi				ne Formation		Kind	of Lease Fee Lease No.			
Milnesand Unit	1 100 1							Federal or Fe			
Location											
Unit LetterF	_ :	1980	Feet Fro	om The _N	orth Line	and <u>198</u>	<u>0</u> Fe	et From The	West	Line Line	
SE NW Section 18 Township	8 S		Range	35E	, NN	ирм,	R	ooseve	lt	County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	II. ANI	NATTI	RAL GAS						
Name of Authorized Transporter of Oil		or Conder			*	e address to wi	rich approved	copy of this f	orm is to be se	int)	
Name of Authorized Transporter of Casinghead Gas or Dry					Address (Give	e address to wi	rich approved	ed copy of this form is to be sent)			
f well produces oil or liquids, Unit ive location of tanks.		Sec. Twp.		Rge.	Is gas actually connected?			en ?			
If this production is commingled with that if IV. COMPLETION DATA	rom any oth	er lease or	pool, give	commingl	ing order numb	жг.		· · · · · · · · · · · · · · · · · · ·			
		Oil Well] G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	_i	İ				İ		<u>i</u>		
Date Spudded	Date Comp	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations	l				I			Depth Casin	g Shoe		
		TIDDIC	CACIN	C AND	CELCENTIN	IC DECOR	<u> </u>				
TUBING, CASING HOLE SIZE CASING & TUBING SIZ					1	DEPTH SET	עַ	SACKS CEMENT			
HOLE SIZE		onto a re	, Dirid O		DEC 111 OCT			STOTO CENTERT			
	7.500	I I OW	. DV E					<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after re					he equal to on	erand top all	wahla foe this	denth or he	for full 24 hour	1	
OIL WELL (Test must be after re	Date of Tes		oj loda ol	a ana musi		thod (Flow, pu			or juli 24 nous	3./	
		~									
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	L				L <u></u>			I			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI OPERATOR CERTIFIC	ATE OF	СОМР	IJAN	CF							
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above								A16 15 190			
is true and complete to the best of my k	nowledge an	ia belief.			Date	Approve	d	SATE !	9 10 0 :		
Frances Flowing						Orig	. Signer	٠			
Signature					By	Pi	ul Kautz eologist	· 	· · · · · · · · · · · · · · · · · · ·		
<u> Frances Flournoy</u>	Prod	luctio		erk		4- -					
Printed Name 7/31/91	(817)	559-3	Title 3355		Title_			··- ··································			
Date	/		phone No	•							

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.