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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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

L	+,		LE AND AUTHOR AND NATURAL G	AS					
Operator XERIC OIL & GAS GOMPA	5-37-97		Well API No. 30-041-10118						
Address P. O. Box 51311, Midla		_							
Reason(s) for Filing (Check proper box)			Other (Please exp	olain)					
New Well						Injection Well			
Recompletion	Oil Casinghead Gas	Dry Gas U	Effective Janu	e January 1, 1993					
Sabanas of assessment aims and	A OIL AND CH			<u> </u>					
and address of previous operator		EFFICAL CONT	7/1	<del></del>		<del></del>	<del></del>		
IL DESCRIPTION OF WELL A	Well No. Pool Name, Including Formation				of Lease No.				
Horton Federal	24	Milnesand S	=		Federal or Fee	NMNMOT			
Location						_			
Unit Letter B	: 330				et From The	<u>East</u>	Line		
Section 31 Township	<u>8S</u>	Range 35E	, NMPM, R	oosevelt	<del></del>	<del></del>	County		
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	SPORTER OF O		RAL GAS Address (Give address to	which approved	copy of this form	n is to be sen	;)		
Name of Authorized Transporter of Casing	nead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	is gas actually connected?	?					
If this production is commingled with that fi  IV. COMPLETION DATA	rom any other lease or	r pool, give commingle	ing order number:						
Designate Type of Completion -	Oil Wei	II Gas Well	New Well   Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready I	to Prod.	Total Depth	<u></u>	P.B.T.D.		I		
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation			Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe			Shoe			
TUBING, CASING AND			DEPTH SE	SACKS CEMENT					
HOLE SIZE	CASING & I	CASING & TUBING SIZE		DEFIN SET		SACKS CEMEN!			
				·					
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE			1	<del></del>			
			be equal to or exceed top a	illowable for thi	s depth or be for	full 24 hours	r.)		
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow,	pump, gas lift, i	eic.)				
Length of Test	Tubing Pressure		Casing Pressure	Choke Size	Choke Size				
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF				
Actual Float During 1444	Oil - Dois.								
GAS WELL							·:		
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF		Gravity of Condensate				
Testing Method (pilot, back pr.)	Tubing Pressure (Sh	ut-in)	Casing Pressure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFIC	ATE OF COM	PLIANCE	0:: 0:		ATION -		• 1		
I hereby certify that the rules and regula	ations of the Oil Conse	ervation	OIL CC	NASEHA	ATION D		N		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			D 1	JAN 2'	JAN 27 1993				
	-21		Date Approv	/ea	<del></del>				
	3	e V.C.	ll By	()ria Cia	med he				
Signature	By Orig. Signed by Paul Kautz								

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

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

Geologist

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

Title

Telephone No.

3-31

- 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.