

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**XERIC OIL & GAS COMPANY**

Address  
**POB 51311, Midland, TX 79710**

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change In Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change In Ownership	<input type="checkbox"/> Casinghead Gas	

If change of ownership give name and address of previous owner McBride Oil & Gas Corp. (formerly Hanson Operating Co.)

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Cactus Federal</b>	Well No. <b>2</b>	Pool Name, including Formation <b>PEARL QUEEN (Queen)</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM06413</b>
Location Unit Letter <b>C</b> ; <b>660</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b>				
Line of Section <b>6</b> Township <b>20S</b> Range <b>35E</b> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Sun Refining &amp; Marketing Company</b>	<b>POB 2039, Tulsa, OK 74102</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Warren Petroleum Company</b>	<b>POB 1150, Midland, TX 79702</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<b>C 6 20S 35E</b>	<b>yes</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Xeric Oil & Gas Company

By: *Randall Capps*

(Signature)

Randall Capps, Owner

(Title)

09/01/89

(Date)

OIL CONSERVATION DIVISION

SEP 7 1989

APPROVED \_\_\_\_\_, 19

BY *Paul Kautz*  
Orig. Signed by  
Paul Kautz  
Geologist

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

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			F.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tank	Date of Test		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (Direct, Indirect)	Tubing Pressure (psi - 12 1/2)	Casing Pressure (psi - 12 1/2)	Choke Size

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SEP 5 1980

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