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State of New Mexico
 Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

Operator: **Xeric Oil & Gas Corporation** **EFFECTIVE 5-27-97** Well API No. **30-005-60093**

Address: **200 North Loraine, Suite 1111, Midland, Texas 79701**

Reason(s) for Filing (Check proper box):
 New Well Change in Transporter of:
 Completion Oil Dry Gas
 Change in Operator Casinghead Gas Condensate

Range of operator give name and address of previous operator: **Burk Royalty Co., P.O. Box BRC, Wichita Falls, Texas 76307**

DESCRIPTION OF WELL AND LEASE

Well Name: **TR 19 Double "L" Queen Unit** Well No. **2** Pool Name, Including Formation: **Double "L" Queen Associated** Kind of Lease: **(State) Federal or Fee** Lease No. **K-6647**

Location: Unit Letter **I**, 1980 Feet From The **South** Line and **660** Feet From The **East** Line
 Section **1** Township **15S** Range **29E**, **NMPM**, **Chaves** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Avajo Refining Company Address (Give address to which approved copy of this form is to be sent): **Drawer 159, Artesia, New Mexico 88211-0159**

Name of Authorized Transporter of Casinghead Gas or Dry Gas
IFM Gas Corporation Address (Give address to which approved copy of this form is to be sent): **P.O. Box 5050, Bartlesville, Oklahoma 74005**

Well produces oil or liquids, location of tanks: Unit **H** Sec. **36** Twp. **14S** Rge. **29E** Is gas actually connected? **yes** When?

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
<input checked="" type="checkbox"/> Spudded								
Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Conditions (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Measurements					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE WELL (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.)

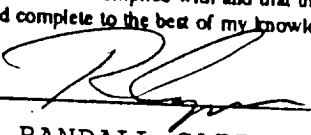
First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Height of Test	Tubing Pressure	Casing Pressure	Choke Size
Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

WELL

Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature: 
RANDALL CAPPS PRES.
 Date: **10/01/93** Telephone No. **915-683-3171**

OIL CONSERVATION DIVISION

Date Approved: **OCT 11 1993**

By: **ORIGINAL SIGNED BY MIKE WILLIAMS**
 Title: **SUPERVISOR, DISTRICT II**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104. Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111. 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.