DISTRICT | P.O. Box 1980, Hobbs, NM 88240

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

| Revised 1-1<br>See Instruct<br>at Bottom of | -89<br>lons | ر/د<br>• | n' d |
|---|-------------|----------|------|
|   |             |          | M١   |

| I.   | REQUEST FOF                              | ALLOW/         | ABLE AND AUTHORIZA                  | ATION                           |   |  |  |
|--|--|----------------|-------------------------------------|---------------------------------|---|--|--|
| Operator .   | TO TRANSPORT OIL AND NATURAL GAS         |                |                                     |                                 | Weil API No.                                      |  |  |
| Xeric Oil & Gas Corporation  |  |                | 1 3                                 | 3000520208                      |   |  |  |
| Address EFFECTIVE 5-27-91  |  |                |                                     |                                 | <u> </u>  |  |  |
| Reason(s) for Filing (Check prope  | r bax)                                   | , MIGIA        |                                     |                                 |   |  |  |
| New Well   | Change in Tra                            | Insporter of   | Other (Please explain)              |                                 |   |  |  |
| Recompletion   |  | y Gas          |                                     | •                               | •   |  |  |
| Change in Operator   | ·  | ndensate 🔲     |                                     | WIW                             |   |  |  |
| If change of operator give name and address of previous operator   | Burk Royalty Co                          | ., P.O         | . Box BRC, Wichi                    | ta Falls. Tev                   | as 76307  |  |  |
| II. DESCRIPTION OF W   | ELL AND LEASE                            |                |                                     | 100                             | .43 70307   |  |  |
| Lease Name   | Well No. Poo                             | ol Name, Inclu | ding Formation                      | Kind of Lease                   |   |  |  |
| Double "L" Queen U   |  |                | " Queen Associated                  | Cinta Badamil - P.              | Lease No.<br>NM-0199070-1                         |  |  |
| Unit LetterE   | 1000                                     |                | North Line and 660                  |                                 |   |  |  |
| Section 31 T   | 140                                      | 20-            | Line and                            | Peet From The                   | Estund  |  |  |
|  | - Kan                                    |                | , NMPM,                             | Chaves                          | County  |  |  |
| III. DESIGNATION OF T  | RANSPORTER OF OIL A                      | ND NATL        | JRAL GAS                            |                                 |   |  |  |
| The state of the s | Oil or Condensate                        |                | Address (Give address to which      | approved copy of this form is   | to be sent)                                       |  |  |
| Name of Authorized Transporter of  | Casinghead Gas or D                      | Ory Gas        | Address (Give address to which      | approved conv of this form in   |   |  |  |
| If well produces oil or liquids,   | Unit Sec. Twp                            |                |                                     |                                 | to be seni)                                       |  |  |
| give location of tanks.  | , , , , , , , , , , , , , , , , , , ,    | i              | Is gas actually connected?          | When ?                          |   |  |  |
| If this production is commingled with IV. COMPLETION DATA  | h that from any other lease or pool,     | give comming   | ling order number:                  |                                 |   |  |  |
|  | (200 100 100 100 100 100 100 100 100 100 | Gas Well       | New Well   Workover   D             |                                 |   |  |  |
| Designate Type of Comple   |  |                |                                     | cepen   Plug Back   Same        | Res'v Niff Res'v                                  |  |  |
| Date Special   | Date Compl. Ready to Prod.               |                | Total Depth                         | P.B.T.D.                        |   |  |  |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation              | <b>20</b>      | Top Oil/Gas Pay                     |                                 |   |  |  |
| Perforations   |  | ~              | Tup Old Gar Fay                     | Tubing Depth                    | Tubing Depth                                      |  |  |
| T STICK BLOOMS   |  |                | I                                   | Depth Casing Shoe               |   |  |  |
|  | TUBING, CAS                              | ING AND        | CEMENTING RECORD                    |                                 |   |  |  |
| HOLE SIZE  | CASING & TUBING                          | SIZE           | DEPTH SET                           |                                 |   |  |  |
|  |  |                | - OCT ITI SET                       | SACKS                           | CEMENT  |  |  |
|  |  |                |                                     | 195                             | TD-3  |  |  |
|  |  |                |                                     | 10-22                           | 1.93  |  |  |
| V. TEST DATA AND DECI  | IDOT NO 5 : 1 : 2                        |                |                                     | The                             | als)  |  |  |
| V. TEST DATA AND REQU  | DESI FOR ALLOWABLE                       | )<br>}         |                                     |                                 | <i>y</i>  |  |  |
| Date First New Oil Run To Tank   | Date of Test                             | oil and must b | re equal to or exceed top allowable | for this depth or be for full 2 | M hours 1   |  |  |
| <u> </u>   | Date of 162                              |                | Producing Method (Flow, pump, 84    | u lift, etc.)                   |   |  |  |
| Length of Tex  | Tubing Pressure                          |                | Casing Pressure                     | Choke Size                      |   |  |  |
| Actual Prod. During Test   | Oil - Bbls.                              | ·              | Water - Dbla                        |                                 |   |  |  |
|  |  |                |                                     | Gas- MCF                        |   |  |  |
| GAS WELL Actual Prod. Test + MCF/D   |  | **             |                                     |                                 |   |  |  |
| vermat bloof 1881 - WCIAD  | Length of Test                           |                | Bbls. Condensate/MMCF               | Gravity of Condensat            | le  |  |  |
| Testing Method (pitot, back pr.)   | Tubing Pressure (Shut-in)                |                |                                     | į                               | į   |  |  |
|  |  |                | asing Pressure (Shul-in)            | Choke Size                      | · <del>····································</del> |  |  |
| VI. OPERATOR CERTIFI   | CATE OF COMPLIAN                         | CE             |                                     |                                 |   |  |  |
| Division have been complied with a   | gulations of the Oil Conservation        | - 11           | OIL CONSE                           | RVATION DIVIS                   | SION  |  |  |
| is true and complete to the best of m  | y knowledge and belief.                  |                | Data Approved                       | OCT 4 4                         |   |  |  |
| - //   |  |                | Date Approved                       | ULI 1 1993                      | <del></del>                                       |  |  |
| Signature  |  |                | Ву                                  |                                 |   |  |  |
| Printed Name   | S PRES                                   |                | ORIGINAL SIGNED BY                  |                                 |   |  |  |
| 10/01/93<br>Date   | 915-683-                                 |                |                                     | OR, DISTRICT II                 |   |  |  |
| J4C  | Telephone No                             | <del>.  </del> |                                     |                                 |   |  |  |

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
- 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.