

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Xeric Oil &amp; Gas Corporation</b>		Well API No. <b>30-005-20334</b>
Address <b>200 North Loraine, Suite 1111, Midland, Texas 79701</b>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator <b>Burk Royalty Co., P.O. Box BRC, Wichita Falls, Texas 76307</b>		

Lease Name <b>Double "L" Queen Unit</b>					Well No. <b>2</b>	Pool Name, Including Formation <b>Double "L" Queen Associated</b>	Kind of Lease State, Federal or Fee <input checked="" type="radio"/>	Lease No. <b>16496</b>
Location Unit Letter <b>E</b> : <b>1985</b> Feet From The <b>North</b> Line and <b>956</b> Feet From The <b>West</b> Line Section <b>6</b> Township <b>15S</b> Range <b>30E</b> , <b>NMPM</b> , <b>Chaves</b> County								

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Refining Company</b>								Address (Give address to which approved copy of this form is to be sent) <b>Drawer 159, Artesia, New Mexico 88211-0159</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>GRM Gas Corporation</b>								Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 5050, Bartlesville, Oklahoma 74005</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>H</b>	Sec. <b>36</b>	Twp. <b>14S</b>	Rge. <b>29E</b>	Is gas actually connected? <b>yes</b>	When ?			

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

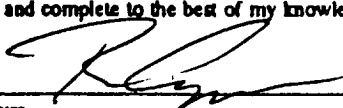
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
						10-21-3			
						10-21-3			
						step cut			

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

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

**VI. 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   
Printed Name **RANDALL CAPPS** Title **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

- 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.
- 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.