DISTRICT I P.O. Box 1980, Hobbs, NM	Energy, Mir	nerals and Natural Resources Dop	artment Form C-104	
DI <u>STRICT II</u> P.O. Drawer DD, Artesia, NM		NSER VATION DIVIS	ION Revised 1-1-89 See Instructions at Bottom of Page	
DISTRICT III 1000 Rio Brazos Rd., Aziec, N	Santa	P.O. Box 2088 Fe, New Mexico 87504-2088	· · ·	
І.		ALLOWABLE AND AUTHO		
Operator	10 1114113	SPOPEOLEANDNATUBAL	GAS	
Xeric Oil &	Gas Corporation ν	EFFECTIVE S. 27.	Well API No.	
200 North Lo	oraine. Suite 1111	Midle	3000520348	
Reason(s) for Filing (Check pro		Other /Plans	9701	
Recompletion	Change in Tran Oil Dr.	C -7	xplain)	
Change in Operator X	Casinghead Gas 🚺 Con	densate	WIW	
and address of previous operator	Burk Royalty Co.	, P.O. Box BRC, Wi	Chita Fallo marca	
II. DESCRIPTION OF	LEASE		chita Falls, Texas 76307	
Double "L" Queen	Unit TR 3 2 DO	Name, Including Formation	Kind of Lease Lease No.	
Unit LetterJ	1 (= -	uble "L" Queen Associat	111-01990/0	
	: <u>1650</u> Feet	From The South Line and 231	10 Feet From The East	
	Township 145 Range	e 30E	Line	
III. DESIGNATION OF	TRANSPORTER OF OIL AN	ND NATHDAL CLAS	Chaves County	
		Address (Give address 10 w	which approved copy of this form is to be sent)	
Name of Authorized Transporter of	X Casinghead Gas Or Dry			
If well produces oil or liquide		Address (Give address to w	hich approved copy of this form is to be sent)	
give location of tanks.	Unit Sec. Twp.	Rge. Is gas actually connected?	When ?	
IV. COMPLETION DATA	ith that from any other lease or pool, giv	e commingling order number		
Designate Type of Compl Date Spudded		l workover	Deepen Plug Back Same Res'v Diff Res'v	
Flexation (DE DED	Date Compl. Ready to Prod.	Total Depth	P.D.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		
Perforations			Tubing Depth	
			Depth Casing Shoe	
HOLE SIZE		G AND CEMENTING RECORD		
		DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQU	IFST FOR ALL OWNER		chy in	
OIL WELL (Test must be aft	ter recovery of ioial volume of load oil.			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump	able for this depth or be for full 24 hours.)	
Length of Tea	Tubing Pressure		, gas lýt, etc.)	
Actual Prod. During Test		Casing Pressure	Choke Size	
	Oil - Bbls.	Water - Bbls.	Cas- MCF	
GAS WELL				
Actual Prod. Test + MCF/D	Length of Test	Bhis. Condensate/MMCF		
sting Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Gravity of Condensate	
I OPERATION CON-		Casing Pressure (Shut-in)	Choke Size	
I hereby certify that the rules and rem	CATE 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.		OIL CONSE	OIL CONSERVATION DIVISION	
to the dep of my	knowledge and belief.	EI		
Signature		Date Approved	UCI I I 1993	
RANDALL CAPPS	PRES.	- ByORIGINA		
10/01/02		- MIKE WI	MIKE WILLIAMO	
Date	915-683-3171 Telephone No.	TitleSUPERVI	SOR, DISTRICT II	
INSTRUCTIONS: This for		11		

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 Pule 111 2) All sections of this form must be filled out for allowable on new and recompleted wells.

All sections of this form must be filled for each pool in multiply completed wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.