

Proprietary District Office
District I
Box 1980, Hobbs, NM 88240

District II
Drawer DD, Artesia, NM 88210

District III
0 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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. 3000560078
Address 200 North Lorraine, Suite 1111, Midland, Texas 79701		
Location(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Completion <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"/> WIW		
Name of operator give name Address of previous operator Burk Royalty Co., P.O. Box BRC, Wichita Falls, Texas 76307		

DESCRIPTION OF WELL AND LEASE

Well Name Double "L" Queen Unit TR 22	Well No. 1	Pool Name, Including Formation Double "L" Queen Associated	Kind of Lease State, Federal or Fee	Lease No. K-4321
Unit Letter A : 330 Feet From The North Line and 330 Feet From The East Line				
Section 1 Township 14S 15 Range 29E , NMPM , Chaves County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Well produces oil or liquids, Location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	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
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			
					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			12-12-93
			24

TEST DATA AND REQUEST FOR ALLOWABLE

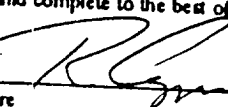
NEW WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Initial New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
of Test	Tubing Pressure	Casing Pressure	Choke Size
Prod. During 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** Title **915-683-3171**
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 30 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.