

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

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

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

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

See Instructions
at Bottom of Page

2/27/93
WJ
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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator **Xeric Oil & Gas Corporation** **EFFECTIVE 5-27-97** Well API No. **30-005-60159**
Address **200 North Loraine, Suite 1111, Midland, Texas 79701**
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator **Burk Royalty Co., P.O. Box BRC, Wichita Falls, Texas 76307**

II. DESCRIPTION OF WELL AND LEASE
Lease Name **TR 18** Well No. **2** Pool Name, Including Formation **Double "L" Queen Associated** Kind of Lease **State** Lease No. **K-5652-2**
Double "L" Queen Unit
Location
Unit Letter **D** : **330** Feet From The **North** Line and **990** Feet From The **West** Line
Section **25** Township **14S** Range **29E** , **NMPM**, **Chaves** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Navajo 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 ☐
GPM Gas Corporation Address (Give address to which approved copy of this form is to be sent) **P.O. Box 5050, Bartlesville, Oklahoma 74005**
If well produces oil or liquids, give location of tanks. Unit **H** Sec. **36** Twp. **14S** Rge. **29E** Is gas actually connected? **yes** When ?

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

IV. COMPLETION DATA
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
Port 50-3
10-22-93
ctg gp

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL 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.)
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

GAS WELL
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 **Randall Capps** PRES.
Printed Name **10/01/93** Title **915-683-3171**
Date Telephone No.

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.