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State of New Mexico
Environmental 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 Company		Well API No.
Address P.O. Box 51311, Midland, TX 79710 Other (Please explain)		
Reason(s) for Filing (Check proper box)		
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		

II. DESCRIPTION OF WELL AND LEASE		Kind of Lease State, Federal or Free	Lease No.
Lease Name Mesa Queen Unit	Well No. 17	XXXXXXXX	K-867
Location		Feet From The West Line	
Unit Letter M	330	Feet From The South Line and 990	
Section 17	Township 16S	Range 32E	County Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☒ or Casinghead ☐	Sun Refining & Marketing	P.O. Box 2039, Tulsa, OK 74102	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	None - Gas TSTM	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit L	Sec 16	Twp 16S
		Range 32E	County No
If this production is commingled with that from any other lease or pool, give commingling order number			

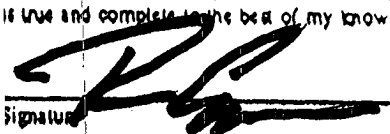
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod	Total Depth				P.B.T.D.			
Elevations (DP, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Performance						Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE			
IL WELL (Test must be after recovery of total volume of gas in well to be tested for allowable for this depth or be for (w/ 24 hours)			
1st First New Oil Run To Tank	Date of Test	Producing Methods (flow pump, gas lift, etc.)	
Depth of Test	Tubing Pressure	Casing Pressure	Choke Size
Initial Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
AS WELL			
Initial Prod. Test - MCF/D	Length of Test	Bbls. Condensate - MCF	Gravity of Condensate
Logging Method (prior, 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 L. Capps owner
Printed Name Title
Effective 8-1-91 915-683-3171
Date Telephone

OIL CONSERVATION DIVISION

Date Approved **AUG 13 1991**
Orig. Signed by
By **Paul Kautz**
Geologist
Title

INSTRUCTIONS: This form is to be filed in compliance with

- 1) Request for allowable for newly drilled or deepened wells must be accompanied by tabulation of deviation logs taken in accordance with Rule III.
- 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 multiple completed wells.