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State of New Mexico
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 Company	Well APT No.
Address P.O. Box 51311, Midland, TX 79710	
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)	
New Well ☐	Change in Transporter of ☐
Recompletion ☐	Oil ☒ Dry Gas ☐
Change in Operator ☐	Casehead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Mesa Queen Unit	Well No. 8	Pool Name, including Formation Mesa Queen Associated	Kind of Lease State, Federal or Fee XXXXXXX	Lease No. E-6485
Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line Section 16 Township 16S Range 32E NMPM. Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Petro Source Partners, Ltd.	9801 Westheimer, Ste. 900, Houston, TX 77042
Name of Authorized Transporter of Casehead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
None-Gas TSTM	
If well produces oil or liquids, give location of tanks.	Unit L Sec 16 Twp 16S Rge 32E Is gas actually connected? No When?

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

III. 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.			
Deviations (DP, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Information						Depth Casing Shoe		

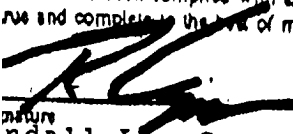
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

WELL (Test must be after recovery of total volume of load on and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Depth of Test	Tubing Pressure	Casing Pressure	Choke Size
Oil Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
S WELL			
Oil Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCMCF	Gravity of Condensate
Test 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 L. Capps Owner
Effective 6-01-92
Telephone No. 915-683-3171

OIL CONSERVATION DIVISION

Date Approved **JUN 03 '92**
By **Paul Kautz**
Original Signed by **Geologist**
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 11.04

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 11.1.
- 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.