

Submit 5 Copies
 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I. 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 Casinghead Gas Condensate _____
 (If change of operator give name and address of previous operator _____)

II. DESCRIPTION OF WELL AND LEASE
 Lease Name Mesa Queen Unit Well No. 7 Pool Name, including Formation Mesa Queen Associated Kind of Lease XXXXXXXXXX Lease No. B-11214
 Location Utl. Letter F 1980 Feet From The North Line and 1980 Feet From The East Line
Section 16 Township 16S Range 32E NMPM Lea _____ County _____

III. 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 Casinghead 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. Utl. L Sec 16 Twp 16S Range 32E No When ?
 (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 Resv Diff Resv
 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 _____
 Information _____ Depth Casing Shoe _____
TUBING, CASING AND CEMENTING RECORD
 HOLE SIZE _____ CASING & TUBING SIZE _____ DEPTH SET _____ SACKS CEMENT _____

V. TEST DATA AND REQUEST FOR ALLOWABLE
 First New Oil Run To Tank _____ Date of Test _____ Producing Method (If low pump, gas lift, etc.) _____
 (Test must be after recovery of gas column of load on well and after well is checked top allowable for this depth or for full 24 hours.)
 Tubing Pressure _____ Casing Pressure _____ Choke Size _____
 Oil Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF _____
 Length of Test _____ Bolt Condensate/MCF _____ Gravity of Condensate _____
 Method (phot, back pr.) _____ Tubing Pressure (Show in) _____ Casing Pressure (Show 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 herein is true and complete to the best of my knowledge and belief.
Edall L. Gapps Owner
 Telephone No. 915-683-3171
 Effective 6-01-92

OIL CONSERVATION DIVISION
 Date Approved JUN 05 '92
 By Paul Kautz Geologist
 Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 111.
 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 multiple completed wells.