

Submit 5 Copies
to the appropriate District Office
STRICT I
P.O. Box 1980, Hobbs, NM 88240

STRICT II
P.O. Box 1980, Hobbs, NM 88240

STRICT III
P.O. Box 1980, Hobbs, NM 88240

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 API No.	
Address	P.O. BOX 51311, Midland, TX 79710		
Reason(s) for Filing (Check proper box)	☐ Other (Please explain)		
Well Completion	Change to Transporter of:		
Change in Operator	Oil ☒ Dry Gas ☐		
	Casinghead Gas ☐ Condensate ☐		
Change of operator give name and address of previous operator			

DESCRIPTION OF WELL AND LEASE				
Well Name	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Lease No.
Mesa Queen Unit	12	Mesa Queen Associated	XXXXXXXX	OG-601
Location				
Unit Letter	J	1980 Feet From The	South Line and	1980 Feet From The
Section	17	Township	16S	Range
			32E	NMPM
			Lea	County

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)		
Sun Refining & Marketing		P.O. Box 2039, Tulsa, OK 74102		
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				
Well produces oil or liquids, location of tanks.	Unit	Sec.	Twp.	Rge
	L	16	16S	32E
Is gas actually connected?	No			
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
Spudded				
Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
Locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Tubing Depth	
	Top Oil/Gas Pay		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 unit 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.)	
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 correct to the best of my knowledge and belief.	
Signature	
Donald L. Capps	Owner
Address	
Effective 8-1-91	915-683-3171
	Telephone No

OIL CONSERVATION DIVISION	
Date Approved	
By	Orig. Signed by Paul Kanta Geologist
Title	

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

RECEIVED
AUG 12 1991
HOBBS OFFICE