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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Xeric Oil & Gas Company		Well API No.
Address P.O. box 51311, Midland, TX 79710		
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of ☐ Recompletion ☐ Oil ☒ Dry Gas ☐ Change in Operator ☐ Casaghead 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. 21	Pool Name, including Formation Mesa Queen Associated	Kind of Lease State, Federal or Free XXXXXXXXXX	Lease No. E-8160
Location Unit Letter M : 990 Feet From The South side 330 Feet From The West Line Section 16 Township 16S Range 32E NMP Loc County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Sun Refining & Marketing		Address (Give address to which approved copy of this form is to be sent) P.O. Box 2039, Tulsa, OK 74102			
Name of Authorized Transporter of Casaghead Gas ☐ or Dry Gas ☐		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	Rge 32E	Is gas actually condensed? No When?
If this production is commingled with that from any other lease or pool, give commoning party and number					

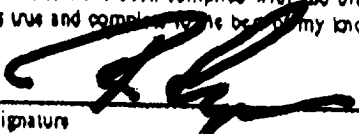
IV. COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Casing	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations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

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

V. TEST DATA AND REQUEST FOR ALLOWABLE			
OIL WELL (Test must be after recovery of total volume of gas in and out of well up to desired 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/MCF	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 L. Capps Owner
Printed Name
Effective **8-1-91** 915-683-3171
Date Telephone No.

OIL CONSERVATION DIVISION
AUG 13 1991

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

INSTRUCTIONS: This form is to be filed with the Oil Conservation Division. 1) Request for allowable for newly drilled or deepened wells must be filed 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 multi-pool completed wells.

RECEIVED

AUG 12 1991

OCB
MOBBS OFFICE