Submit 5 Copies Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department					Form C-104 Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbe, NM 88240	OIL CONSERVATION DIVISION					See Instructions at Bottom of Page	
DISTRICT II P.O. Drewer DD, Artesia, NM 88210		P.O. B	ox 2088 exico 87504-2088				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			BLE AND AUTHORIZ	ATION			
I. TO TRANSPORT OIL AND NATURAL GAS							
Xeric Oil & Gas Company							
Address P.O. Box 51311, Midland, TX 79710 Research for Filing (Check proper box) Other (Please explain)							
Reason(s) for Filing (Check proper box) New Well		a Transporter of:	Uner (riease explain	7)			
Recompletion Change in Operator	Oil Casinghead Gas	Dry Gas					
If change of operator give name Mark D. Clarke, P.O. Box 755, Hobbs, NM 88241							
II. DESCRIPTION OF WELL	AND LEASE Well No	. Pool Name, Includ	ing Formation		of Lease	Lease No.	
Mesa Queen Unit	5	Mesa Qu	een Associated	State,	RARXX RX	E-8160	
Unit LetterH	; 330	_ Feet From The \underline{E}	ast_Line and 2310	Fe	et From The <u>N</u>	orthLine	
Section 17 Townshi	i <u>p 165</u>	Range 32E	, NMPM,		Lea	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oil or Condensale Address (Give address to which approved copy of this form is to be sent) None-Well TA Jry						a la lo de seru;	
Name of Authonized Transporter of Casin	ighead Gas	or Dry Gas	Address (Give address to whic	ch approved	copy of this form	n is 10 be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually connected?	When	When ?		
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA							
Designate Type of Completion	- (X)	II Gas Well	New Well Workover	Deepen	Plug Back Sa	ime Res'v Diff Res'v	
Date Spudded	Date Compl. Ready	lo Prod.	Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing I	ormation	Top Oil/Gas Pay		Tubing Depth		
Perforations	onstions				Depth Casing S	shoe	
HOLE SIZE			CEMENTING RECORD DEPTH SET		SACKS CEMENT		
	CASING & TUBING SIZE				SACKS CEMENT		
V. TEST DATA AND REQUEST FOR ALLOWABLE							
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Taak Date of Test Producing Method (Flow, pump, gas lyft, etc.)							
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF		
GAS WELL			L		I	·····	
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF		Gravity of Condensate		
Tesung Method (pilot, back pr.)	Tubing Pressure (Shu	l·in)	Casing Pressure (Shui-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 the and complete to the best of my browledge and below			OIL CONSERVATION DIVISION MAR 0 7 1991				
is true and complete to the best of my knowledge and belief.			Date Approved				
Signature . 1252			By Orig. Signed by				
Gary S. Barker Operations Mgr. Printed Name Z-28 7/ 915-683-3171			Title				
Date 915-683-3171 IIIIe							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) 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.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

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