

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brillor Rd., Aztec, NM 87410

Oil and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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 of Transporter ☐
Recompletion ☐ Oil ☒ Dry Oil ☐
Change in Operator ☐ Gas/Steam/Gel ☐ Condensate ☐
If change of operator give name and address of previous operator _____

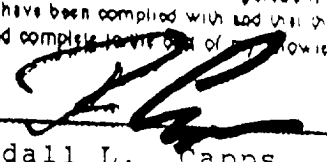
II. **DESCRIPTION OF WELL AND LEASE**
Lease Name: Mesa Queen Unit Well No.: 22 Pool Name: Mesa Queen Associated Kind of Lease: State, Federal or Free Lease No.: e-6267
Location
Unit Letter: D Section: 660 Feet From The: North Line: 660 Feet From The: West Line
Section: 20 Township: 16S Range: 32E County: Lea

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Name of Authorized Transporter of Oil: Petro Source Partners, Ltd. Address: 9801 Westheimer, Ste. 900, Houston, TX 77042
Name of Authorized Transporter of Gas/Steam/Gel: _____ Address: _____
If well produces oil or liquids, give location of tanks: _____
If this production is commingled with that from any other well or pool, give well or pool number: _____

IV. **COMPLETION DATA**
Designate Type of Completion: (X) _____
Date Spudded: _____ Date Completed Ready to Produce: _____
Blevinose (DP, RKB, RT, GR, etc): _____ Name of Producing Formation: _____
Performance: _____ Depth Casing Shoe: _____

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

V. **TEST DATA AND REQUEST FOR ALLOWABLE**
IL WELL (Test must be after recording of pressure and temperature)
First New Oil Run To Tank: _____ Date of Test: _____
Length of Test: _____ Tubing Pressure: _____ Choke Size: _____
Initial Prod. During Test: _____ Oil: Bbls _____ Gas: Bbls _____ Oil: MCF _____
AS WELL
Initial Prod. Test: MCF/D _____ Length of Test: _____ Gravity of Condensate: _____
Lifting Method (pilot, back pr): _____ Tubing Pressure (psi): _____ 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 herein is true and complete to the best of my knowledge and belief.
Signature: 
Randall L. Capps Owner
Printed Name: _____
Effective 6-01-92 915-683-3171
Date: _____

OIL CONSERVATION DIVISION
Date Approved: _____
By: _____
Title: _____

- INSTRUCTIONS** - This form is to be used for:
- 1) Request for allowable for new wells and recompleted wells with Rule III.
 - 2) All sections of this form must be filled out for allowable and recompleted wells.
 - 3) Fill out only Sections I, II, III, and VI for changes of location, name, number, transporter, or other such changes.
 - 4) Separate Form C-104 must be filed for each pool in multiple completed wells.