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1000 Rio Brazos Rd., Aztec, NM 87410

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) <input checked="" type="checkbox"/> Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | Gas Connection Date |
| Recompletion <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| Change in Operator <input type="checkbox"/> | | |
| If change of operator give name and address of previous operator | | |


| | | | |
|---|---------------|--|---------------------|
| II. DESCRIPTION OF WELL AND LEASE | | Kind of Lease State, Federal or Fee | Lease No. E-3290 |
| Lease Name Mexico "U" | Well No. 3 | Pool Name, including Formation Hobbs (G-S.A.) | |
| Location Unit Letter B : 590 Feet From The North Line and 2310 Feet From The East Line Section 8 Township 19-S Range 38-E, NMPM, Lea County | | | |

| | | | | | | |
|--|------|--|------|-----|----------------------------|-------------------|
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | | Address (Give address to which approved copy of this form is to be sent) | | | | |
| Navajo Refining Co. | | P. O. box 159 Artesia, NM 88210 | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | | Address (Give address to which approved copy of this form is to be sent) | | | | |
| Phillips 66 Natural Gas Co. | | 4001 Penbrook Odessa, TX 79761 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge | Is gas actually connected? | When? |
| | | | | | yes | December 14, 1990 |
| If this production is commingled with that from any other lease or pool, give commingling order number: | | | | | | |

| | | | | | | | | | |
|-------------------------------------|-----------------------------|----------------------|----------|-----------|-------------------|--------------|--------------|------------|------------|
| IV. COMPLETION DATA | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Designate Type of Completion - (X) | | | | | | | | | |
| 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 | | |
| | | | | | | | | | |
| | | | | | | | | | |
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|--|-----------------|---|------------|
| 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 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/MMCF | 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  | |
| Printed Name Gary S. Barker Operations Mgr. | |
| Date 5-23-91 | Telephone No. 915/683-3171 |

| | |
|---------------------------|--|
| OIL CONSERVATION DIVISION | |
| MAY 28 1991 | |
| Date Approved | |
| By | ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR |
| Title | |

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.
- 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 multiply completed wells.