

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 Brizos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <b>Xeric Oil &amp; Gas Corporation</b> <del>Company</del> <b>EFFECTIVE 5-27-97</b>	Well API No. <b>30-025-31933</b>
Address <b>P.O. Box 51311, Midland, TX 79710</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Mexico "U"</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>Hobbs (G-SA)</b>	Kind of Lease State, Federal or Free <b>XXXXXX</b>	Lease No. <b>E-3290</b>
Location Unit Letter <b>B</b> : <b>990</b> Feet From The <b>North</b> Line and <b>1650</b> Feet From The <b>East</b> Line Section <b>8</b> Township <b>19-S</b> Range <b>38-E</b> , 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"/> <b>Petro Source Partners, Ltd.</b>	Address (Give address to which approved copy of this form is to be sent) <b>9801 Westheimer Ste.900, Houston, TX 770</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>GPM Gas Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>4001 Penbrook, Odessa, TX 79761</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge	Is gas actually connected? <b>yes</b>	When? <b>5/04/93</b>
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)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <b>4/13/93</b>	Date Compl. Ready to Prod. <b>5/04/93</b>		Total Depth <b>4100'</b>		P.B.T.D. <b>4073'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3600.7 GL</b>	Name of Producing Formation <b>Grayburg</b>		Top Oil/Gas Pay <b>4024</b>		Tubing Depth <b>4000</b>			
Performances <b>4024-4030 4052-4058 24 holes</b>					Depth Casing Shoe <b>4094</b>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/4</b>	<b>8 5/8</b>		<b>413</b>		<b>250</b>			
<b>7 7/8</b>	<b>5 1/2</b>		<b>4100</b>		<b>1100</b>			
<b>--</b>	<b>2 3/8</b>		<b>4000</b>		<b>--</b>			

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 <b>5/04/93</b>	Date of Test <b>5/04/93</b>	Producing Method (Flow, pump, gas lift, etc.) <b>pumping</b>	
Length of Test <b>24 hr.</b>	Tubing Pressure	Casing Pressure <b>50</b>	Choke Size <b>N/A</b>
Actual Prod. During Test	Oil - Bbls. <b>10</b>	Water - Bbls. <b>0</b>	Gas - MCF <b>10</b>

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   
**Gary S. Barker** Vice President  
Printed Name **5/17/93** **915-683-3171**  
Date Telephone No

OIL CONSERVATION DIVISION  
**MAY 20 1993**

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.

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Enr: Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

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1000 Rio Brazos Rd., Aztec, NM 87410

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Xeric Oil & Gas Company		Well API No. 56-025-31933
Address P.O. Box 51311, Midland, TX 79710		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Mexico "U"	Well No. 4	Pool Name, Including Formation Hobbs (G-SA)	Kind of Lease State, Federal or Free	Lease No. E-3290
Location Unit Letter B : 990 Feet From The North Line and 1650 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"/> Petro Source Partners, Ltd.	Address (Give address to which approved copy of this form is to be sent) 9801 Westheimer Ste. 900, Houston, TX 77070					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corp.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79761					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? yes	When? 5/04/93

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)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4/13/93	Date Compl. Ready to Prod. 5/04/93		Total Depth 4100'		P.B.T.D. 4073'			
Elevations (DF, RKB, RT, GR, etc.) 3600.7 GL	Name of Producing Formation Grayburg		Top Oil/Gas Pay 4024		Tubing Depth 4000			
Perforations 4024-4030 4052-4058 24 holes					Depth Casing Shoe 4094			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8		DEPTH SET 413		SACKS CEMENT 250			
7 7/8	5 1/2		4100		1100			
--	2 3/8		4000		--			

### 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 Rse To Tank 5/04/93	Date of Test 5/04/93	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure 50	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 10	Water - Bbls. 0	Gas - MCF 10

### 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   
Gary S. Barker Vice President  
Printed Name  
5/17/93 915-683-3171  
Date Telephone No

OIL CONSERVATION DIVISION  
MAY 20 1993

Date Approved  
By ORIGINAL SIGNATURE OF SUPERVISOR  
TITLE

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