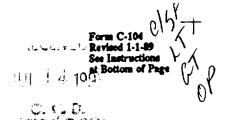
lox 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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



DISTRICT II P.O. Drawer DD, Artesia, NM 88210

ISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410	REQUEST						<i>≱ 9</i> −1,	**************************************		
	TOT	RANSF	PORT OIL	AND NA	TURAL G	4S	API No.			
perator				Well		191 No. 30-015-21323				
OXY.USA Inc.							50-01	d-011	<u>u-</u>	
address		11 3	mv 70	710						
P.O. Box 502 leason(s) for Filing (Check proper box)	ou Mid	lland,	1X. /9	710 X Out	net (Please expli	ain)				
	Chanc	e in Trans	norter of:	-	•		_			
lew Well	Oil	Dry (י דעס		ent NGL			Flats (as	
completion Unange in Operator	Casinghead Gas	_ `	len sate	Plan	t to Amo	no Prod.	. Co.			
change of operator give name		<u> </u>								
d address of previous operator										
L DESCRIPTION OF WELL	AND LEASE									
ease Name	Well	No. Pool	Name, Includi	ng Formation	1111		of Lease Pederal o p Fo s	_	ase No.	
Government 1	Com 2	\mathcal{N}	Burta	rtlat:	s Wolfe	ans		SKIL	11091	
ocation			_	(//	,	000			4	
Unit Letter	_: <u>_1980</u>	Feat	From The 🗘	both Lin	ne and 19	80_R	eet From The	Eas	Line	
	245		70	2r		I/	(1		County	
Section / Townshi	ip 205	Rang	e X	S/- N	IMPM,	Fac	7		Courty	
	ICD OPTED OF	OTT A	NITS NIATTI	DAT CAS						
I. DESIGNATION OF TRAN	Address (Give address to which approved copy of this form is to be sent)									
ame of Authorized Transporter of Oil or Condensate				P.O. Box 2256 Wichita, KS. 67201						
Koch Oil Co. Jame of Authorized Transporter of Casin	obead Gas] or Dr	ry Gas X		we address to w				ent)	
Amoco Production C			ر <u>ما</u> د	1	Box 2119		3. OK.			
well produces oil or liquids,	Unit Sec.	Twp	Rge.		ly connected?	When				
ve location of tanks.	6 13	:	·	4	05	1				
this production is commingled with that	from any other leas	e or pool,	give comming!	ing order num	nber:					
V. COMPLETION DATA	·			<u> </u>			·		<u> </u>	
		Well	Gas Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		ــــــــــــــــــــــــــــــــــــــ		Twel News		<u> </u>	I DOTO	l	.1	
Date Spudded	Date Compl. Read	dy to Prod	-	Total Depth			P.B.T.D.			
	1			Top Oil/Gas Pay			Tubing De-	Tuhing Denth		
Devations (DF, RKB, RT, GR, etc.)	Name of Producing	ng Formati	OE .	Top Old Cas Fay			1 morus 12cb	Tubing Depth		
				L			Depth Casin	g Shoe	·····	
erforations							1			
	חפודר	NG CAS	SING AND	CEMENT	ING RECOR	SD CD				
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASITO	<u>u 100111</u>	 							
. TEST DATA AND REQUE	ST FOR ALLC	DWABL	E							
IL WELL (Test must be after	recovery of total vol	lume of loa	ed oil and must	be equal to o	or exceed top all	lowable for th	us depth or be	jor juli 24 hou	71.)	
Date First New Oil Run To Tank	Date of Test			Producing N	Method (Flow, p	nemp, gas lýt,	etc.j			
				Casing Pres			Choke Size			
Length of Test	Tubing Pressure				SUITE		Jack Sie	Cilott Size		
					Water - Bbis.			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.			A TEL - DOI	•					
				<u> </u>						
GAS WELL					A & 7.7E		Gravity of	Condeneste		
Actual Prod. Test - MCF/D	Length of Test Tubing Pressure (Shut-m)			Bbls. Condensate/MMCF Casing Pressure (Shut-in)			Siavily of	Glavity of Concentration		
							Choke Size	Choke Size		
esting Method (pitot, back pr.)										
				┧┌───						
VI. OPERATOR CERTIFIC	CATE OF CO	MPLL	ANCE	1	OIL CO	NSERV	/ATION	DIVISIO	NC	
I hereby certify that the rules and regu	ulations of the Oil C	conservation	D.		J.		,	-		
Division have been complied with and is true and complete to the best of my	d that the information in the control of the contro	n given ab ief.	W46		. A	ad				
19 true and complete to the sea of my	/ /			Dat	te Approve	=u				
61. 1 1.				_						
Signature Vin 1				∥ By.						
Signature David Stewart	Pro	od. Ac								
Printed Name		Title		Title	е					
7/13/93	915-68	5-5717	w No							

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

Date

- 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.