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Appropriate District Office
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P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
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DISTRICT III
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

RECEIVED

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator OXY USA Inc. ✓	Well API No. 30-015-26402
Address P.O. Box 50250 Midland, TX. 79710	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> 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 Government U	Well No. 2	Pool Name, Including Formation North Burton Flat Atoka	Kind of Lease State Federal or Rye	Lease No. NMNM82993
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>22</u> Township <u>20S</u> Range <u>28E</u> , <u>NMPM</u> , <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Koch Oil Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2256 Wichita, KS. 67201					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> OXY USA Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 50250 Midland, TX. 79710					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 22	Twp. 20S	Rge. 28E	Is gas actually connected? Yes	When? 11/15/90

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 8/14/90	Date Compl. Ready to Prod. 11/5/90		Total Depth 11515'		P.B.T.D. 10952'			
Elevations (DF, RKB, RT, GR, etc.) 3227.2'	Name of Producing Formation Atoka		Top Oil/Gas Pay 10391'		Tubing Depth 10307'			
Perforations 10391' - 10798'					Depth Casing Shoe 11525'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		620'		1700 Post ID-2			
12 1/4"	9 5/8"		3000'		1950 1-4-91			
7 7/8"	5 1/2"		11525'		1200 comp & BK			
	2 3/8"		10307'					

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 1095	Length of Test 24	Bbls. Condensate/MMCF 27	Gravity of Condensate 50.0
Testing Method (pilot, back pr.) Back pr	Tubing Pressure (Shut-in) 3500	Casing Pressure (Shut-in)	Choke Size 20/64

VI. OPERATOR CERTIFICATE OF COMPLIANCE

Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
David Stewart Production Acct.
Printed Name Title
11/30/90 915-685-5717
Date Telephone No.

OIL CONSERVATION DIVISION

DEC 28 1990

Date Approved

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.