

OIL CONSERVATION DIVISION

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

JUN - 6 '94

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator OXY USA Inc.	Well API No. 30-015-27863
Address P.O. Box 50250 Midland, TX 79710	
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 Government AB	Well No. 8	Pool Name, including Formation Old Millman Ranch Bone Springs	Kind of Lease State, Federal or Other	Lease No. NMNM15003
Location Unit Letter B : 810 Feet From The North Line and 1980 Feet From The East Line				
Section 10 Township T20S Range R28E, NMPL, Eddy 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"/> Schlumberger Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648 Houston, TX 77210-4648	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> AMOCO Production Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3092 Houston, TX 77254	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 10
	Twp. 20S	Rge. 28E
	Is gas actually connected? Yes	When? 5/31/94

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 4/26/94	Date Compl. Ready to Prod. 5/28/94	Total Depth 6630'	P.B.T.D. 6576'					
Elevations (DF, RKB, RT, GR, etc.) 3272'	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 6300'	Tubing Depth 6203'					
Perforations 6300' - 6516'	Depth Casing Shoe 6630'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	418'	1300					
11"	8 5/8"	3010'	1400					
7 7/8"	5 1/2"	6630'	525'					
	2 7/8"	6203'						

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 5/29/94	Date of Test 6/2/94	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24hrs	Tubing Pressure 500	Casing Pressure ---	Choke Size 16/64
Actual Prod. During Test	Oil - Bbls. 441	Water - Bbls. 102	Gas - MCF 511

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 David Stewart
Printed Name David Stewart Title Regulatory Analyst
Date 6/3/94 Telephone No. 915-685-5717

OIL CONSERVATION DIVISION

Date Approved JUN 2 4 1994
By _____
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.