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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L		TO TRA	NSP(ORT OIL	AND NA	TURAL GA	NS Wall	ADI No		 -	
Oxy USA Inc.							Well API No. 30-039-06729				
Address				70710							
P.O. Box 5025	0 Mid	land, '	TX.	79710	Oth	es (Please expla	ún)				
Reason(s) for Filing (Check proper box) New Well		Change in	Тимеро	rter of:		. ,	•			ļ	
Recompletion	Oil	~~	Dry Ga								
Change in Operator	Casinghead Gas Condensate										
if change of operator give name											
and address of previous operator			-								
IL DESCRIPTION OF WELL	AND LE	ASE	Paral Ni	- Instalia	- Enmetice		Kine	i of Lease	L	ease No.	
Lease Name Jicarilla West	Well No. Pool Name, Including 8 Basin Da				17			State, Federal or Paik JIC152		:152	
Location				N.	andeb	d 99	ın .	Feet From The _	East	Line	
Unit LetterA	A : 900 Feet From The North								11000		
Section 6 Township	, 26	SN	Range	5w	, N	мрм,	<u>_</u>	Rip Arriba	·	County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS					· ·	
Name of Authorized Transporter of Oil		or Conde	sale	XX	Address (Gr	NE BOOTEST IO W		ed copy of this fo	rm 13 10 be 31	m()	
P.O.Box9156 Phoenix, AZ. 8506									i= == + -		
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent) P.O.Box58900 Salt Lake City, Utah 84158										
Northwest Pipeline Con	Corp.							an 841:	58		
If well produces oil or liquids,	Unit	Sec.	7wp. 26N	Rge.	ls gas actual Yes	ly connected?	ı wa	en ?			
give location of trains.	A	6_	<u> </u>		ion order min						
If this production is commingled with that	from any ot	her lease or	poor, gr	ve consumg	tul Order mm						
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepes	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		1	L_		1	<u> </u>	.1				
Date Spudded	Date Con	Date Compi. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
A Continue								Depth Casin	Depth Casing Shoe		
Perforations											
	CEMENTING RECORD										
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
HOLE SIZE	1										
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE	<u> </u>			llaurahia foa	shin dansh or he	for full 24 ha	ners.)	
OIL WELL (Test must be after	recovery of	total volum	e of load	i oil and mus	t be equal to	Method (Flow	noma eas li	fr. etc.)	(UI) = 1 5 1 //-		
Date First New Oil Run To Tank	Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)				
	1					Casing Pressure			Choice Size		
Length of Test	Tubing Pressure				Casing Freeze						
Total	Oil - Bbl	•			Water - Bb	ds.		Gas- MCF	DECO 4	1 1991	
Actual Prod. During Test	Off - Bot	•							4-0	N	
								U		i¥, ista e n	
GAS WELL Actual Prod. Test - MCF/D	l enoth o	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate		
Actual Prod. Test - MCLP/D		Length of Test									
Testing Method (pitot, back pr.)	Tubing I	ressure (Sh	ut-in)		Casing Pre	ssure (Shut-in)		Choke Size			
										<u> </u>	
AT OBER ATOR CERTIFIC	TATE C	F COM	PLIA	NCE		011 00	NOED	NATIONI	DIVICI	ON	
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					DEC 0 4 1991						
is true and complete to the best of my knowledge and belief.						Date Approved					
1 1A-1											
Markship								و ربر	hong		
Signature Prod. Acct.								ERVISOR		T #3	
David Stewart		Prod	. ACC		Ta	le	JUF	MILETO CITE		. - ·	
Printed Name		915-68				IG			•		
Date		To	elephone	No.							
_											

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.