Submit 3 Copies to Appropriate District Office

State of New Mexico En., y, Minerals and Natural Resources Department

Form C-163 Revised 1-1-89

DISTRICT.1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT II P.O. Drewer DD, Artesia, NM \$8210

APPROVED BY -

CONDITIONS OF APPROVAL IF ANY:

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-05867

5. Ladicale Type of Lease

STATE X FEE

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410	6. State Oil & Gas Lesse No. 82330 7. Lesse Name or Unit Agreement Name East Eumont Unit				
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)					
1. Type of Well: ONE WILL OTHER Water Injection	008598				
2. Name of Operator OXY USA Inc. 16696	8. Well No. 107				
1. Address of Operator P.O. Box 50250 Midland, TX 79710-0250	9. Pool same or Wildcat 022800 Eumont Yates 7 Rvr Qn				
Unit Letter A: 660 Feet From The North Line and 6					
Section 2 Township 205 Range 37E	NMPM Lea County				
Check Appropriate Box to Indicate Nature of Notice NOTICE OF INTENTION TO:	, Report, or Other Data UBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING				
TEMPORARILY ABANDON X CHANGE PLANS COMMENCE DRIL	LING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING CASING TEST AN	D CEMENT JOB				
OTHER: OTHER:					
12. Describe Proposed or Compieted Operations (Clearly state all personal desails, and give personal dates, work) SEE RULE 1103. TD - 3887 PBTD - 3889 PERFS - 3797-3840					
OXY USA INC. REQUESTS TO TEMPORARILY ABANDO EXPANSION OF THE WATERFLOOD UNIT.	ON THIS WELL FOR FUTURE				
1) NOTIFY BEM/NMOCD OF CASING INTEGRITY TE	ST 24 HRS IN ADVANCE.				
2) RU PUMP TRUCK, CIRCULATE WELL WITH TREA TEST CASING TO 500# FOR 30 MIN.	TED WATER, PRESSURE				
I hereby certify that the seformation above is true and complete to the best of my knowledge and being.	tory Analyst DATE 4/2/97				
David Stewart Type OR FRAT NAME David Stewart	теленоме мо. 9156855				
(The space for State Use) ADDITIONAL SIGNSO BY JERRY SEXTON	The state of				
DESTRICT I SUPERVISOR	DATE				

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

Errgy, Minerals and Natural Resources Department

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

DISTRICT II
P.O. Drawer DD, Artesia, 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 TO TRANSPORT OIL AND NATURAL GAS Well API No.

)perator						3.0	-025 -	05867		
Oxy USA, Inc	•					1 30	025	55507		
PO Box 50250	Midland.	rx 7971	10							
ason(s) for Filing (Check proper box		77.		Othe	s (Please expla	in) Th	NE			
w Well		in Transporter of	f:		•	-	-			
completion	Oil [Dry Gas		Εf	fective	-Febru	1,	1993		
ange in Operator	Casinghead Gas	Condensate								
	Sirgo Operat	ing, In	nc.	PO Box	3531,	Midlar	d, TX	79702		
DESCRIPTION OF WEL	-									
ase Name	Well No	D. Pool Name, I	ncludin	g Formation		Kind	(Lease		ease No.	
ast Eumont Unit	107			ates S	R QN	State,	Pederal or Fe	B-23	30	
cation										
Unit Letter A	. 660	Feet From Th	he N	orth _{Lim}	and660	Fe	et From The	East	Line	
Section 2 Town	uship 20S	Range	37E	וא,	ирм, Le	a.			County	
PROTONIA TRONI OF TR	ANCDODTED OF	OII AND N	A TT 1E	DAT GAS						
DESIGNATION OF TRA	or Cond		ATUR	Address (Giv	e address to wh	ich approved	copy of this f	orm is to be se	:ni)	
NJECTION nie of Authorized Transporter of Ca	sinohead Gas	or Dry Gas [$\overline{}$	Address (Giv	address to wh	ich approved	copy of this fo	orm is to be se	ent)	
		_,				110				
well produces oil or liquids, e location of tanks.	Unit Sec.	Twp. 		le gas actually		When	7			
is production is commingled with the COMPLETION DATA	hat from any other lease o	or pool, give com	nmingli	ng order numi	жег:					
Designate Type of Completion	on - (X)	eli Gas W	/ell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
te Spudded	Date Compl. Ready	dy to Prod. Total Depth				P.B.T.D.				
vations (DF, RKB, RT, GR, etc.)	ns (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas	Pay		Tubing Depth			
forations				·			Depth Casin	g Shoe		
	TURIN	G, CASING A	AND	CEMENTI	NG RECOR	D				
1101 5 0175		TUBING SIZE	212	CENTERIOR	DEPTH SET			SACKS CEM	ENT	
HOLE SIZE	CASING a	TOBITO GIZE								
	_ 		-							
				 						
TEST DATA AND REQU	EST FOR ALLOV	VABLE							-	
L WELL (Test must be aft	er recovery of total volum	ne of load oil and	d must	be equal to or	exceed top allo	wable for thi	s depth or be	for full 24 hou	urs.)	
Le First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow, pu	ımp, gas lift,	etc.)			
L Marion on hos in the										
ngth of Test	Tubing Pressure			Casing Pressure			Choke Size			
-6							Con MCE			
tual Prod. During Test	Oil - Bbls.			Water - Bbls			Gas- MCF			
AS WELL										
cual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pressure (S	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
I. OPERATOR CERTIF	TCATE OF CON	IPLIANCE	Ξ		011 001	ICEDY	ATION	רווטוע	7 NI	
I hereby certify that the rules and r	regulations of the Oil Con	servation			OIL CON	10EU 1		וסומוטו	J14	
Division have been complied with	and that the information	given above				•	l 3 1993			
is true and complete to the best of	my knowledge and belief			Date	Approve	d				
Pa	17M1				, ,					
Simular.	Wellen			∥ By_	ODICINI	I SIGNET	BY JERRY	SEXTON		
Signature Pat McGee					UKIGINA	NCTRICT !	SUPERVIS	OR		
Printed Name [/a /aa	01-10	Title		Title		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
6/8/43		35-5600 Telephone No.								
Date		inchinate in.		11						

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.

bmit 5 Cooles propriate District Office STRICT I). Box 1980, Hoobs, NM 88240 STRICT II D. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

STRICT III 30 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION ANSPORT OIL AND NATURAL GAS

	TO:	TRANSPOR	RT OIL A	ND NAT	URAL GAS	S Well AF	No.						
perator	31						0-025-05867						
Sirgo Operating,	Inc.						000						
ddress		as 79702											
P.O. Box 3531, Mi.	diano, lex	as 13102		Other	(Please explai	(n)		V					
ew Well	Cha	nge in Transporte	r ol:	न ।	fective	6-1-90							
ecompletion	Oil	Dry G28	🗀	1.0	.1000270	• - •							
hange in Operator X	Casinghead Ga	Condensa			to Nov.)	Mari co	88211-0	481					
change of operator give name d address of previous operator Mo	rexco, Inc	<u>., P.O. B</u>	ox 481,	Artes	la, New I	HEXICO	OODIA -						
. DESCRIPTION OF WELL	AND LEASE	, <u>, , , , , , , , , , , , , , , , , , </u>				Kind o	(Lease	Le	ase No.				
East Eumont Unit	se Name						Unaddou						
Califor Unit Letter	. 66C	Feet From	n The	Line	10d _lole	<u>20</u> F∝	et From The _	E	Line				
Section Towns	nip 2D	Range	37E	, NN	ирм,	<u>Lea</u>			County				
		SPOIL AND	NATTIRA	AL GAS					· · · · ·				
I. DESIGNATION OF TRA	NSPORTER C	Condensale [e address to wh								
Injection and of Authorized Transporter of Casi	nchead Gas	or Dry G	21 A	ddress (Giw	e address so wh	ich approved	copy of this fo	orm is to be se	ਨ)				
anx of Authorized Transporter of Casa	agree 013					When	7						
well produces oil or liquids, re location of tanks.	Unit S∞	Twp.	Rge II	s gas actually	y connected?		<u> </u>						
this production is commingled with the	I from any other le	ase or pool, give	commingling	g order numb	жг								
/. COMPLETION DATA			s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dist Res'v				
Designate Type of Completio		oil Well G: 	I WEII	140W Hell		<u> </u>	<u> </u>	1					
	Date Compl. R	leady to Prod.	7	Total Depth			P.B.T.D.						
izie Spudded				Top Oil/Gas	Day		Tubing Dep	oth .					
levations (DF, RKB, RT, GR, etc.)	Name of Produ	icing Formation	'	top Oldas	· • y		Tubing Dep						
							Depth Casing Shoe						
eriorations							<u> </u>						
	TUI	BING, CASIN	G AND C	EMENTI	NG RECOR	<u></u>	SACKS CEMENT						
HOLE SIZE	CASIN	CASING & TUBING SIZE					CARO COMPANY						
		- A.W. D. D.											
. TEST DATA AND REQU	EST FOR AL r recovery of iotal	LOWABLE	il and must b	ne equal to o	r exceed top all	lonable for th	is depih or be	for full 24 hos	ws.)				
ate First New Oil Run To Tank	Date of Test	VOID/12 O/ TOGGE		Producing M	lethod (Flow, p	ump, gas lift,	eic.)						
ate bita new Oil Kuti to 1777				Casing Press			Choke Size						
ength of Test	Tubing Pressu	ıre		Casing 11cas									
ctual Prod. During Test	Oil - Bbls.			Water - Bbla	<u> </u>		Gas- MCF						
clust Proc. During 101													
AS WELL		·		<u> 60. 7. 3</u>	пысммсг		Gravity of	Condensate					
ctual Prod. Test - MCF/D	Leagth of Te	sl		Bols, Coade	HENCHARAICE.		Gravity of Gozette						
Samuel (Shurris)		Casing Pres	sire (Shrit-ia)		Choke Size								
sting Method (pitot, back pr.)	I morng Liese	u. v (u.) u.)	Ì										
T. OPERATOR CERTIF	TCATE OF (COMPLIAN	1CE		OIL CO	NCED!	/ATION	DIVISI	ON				
فأمم مداني الدينات الأراب	emulations of the O	il Conservation			OIL OO	1400114		HIALO 4	1000				
and the Laura base complied William	and that the history	muon gotta are	¢		a Annrair	ad .	J	UN 2 1	UUU				
is true and complete to the best of	my knowledge and	1 .		Dat	e Approv								
Bannie	(Itwo	Jer		∥ By.		ORI			RRY SEXTON				
Signature Bonnie Atwater	Prod	uction Te	ch.	'			DISTRIC	CT I SUPER	VISOR				
Distal Name		Tide /685-0878		Titl	θ			<u> </u>	,				
June 6, 1990	717	Telephone:											
Date		•				114 S & 1 15 M	انتج بالتجريب						

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
- 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.
- Earn C-104 must be filed for each pool in multiply completed wells.

RECEIVED

JUN 1 8 1990 OCD HOBBS OFFICE Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OOO Rio Brazos Rd., Aztec, NM 87410	REQUEST	FOR A	ALLOWAB	LE AND A	.UTHORIZ	ZATION					
			PORT OIL			S					
Operator	Well AP					Pl No.					
Morexco, Inc.											
Address			••		0033 0	• • • •					
Post Office Box	481, Art	esia	, New M	exico 8	8211-04	18 T					
Reason(s) for Filing (Check proper box)	~	•		U Othe	t (Please expla	(או					
New Well			sporter of:								
Recompletion \square	Oil Casinghead Gas	Dry				Injec	tion				
Change in Operator	aco Produ		Tn C	D O E	10 v 728	Hobbs	New M	exico	88240		
nd address of previous operator		CING	, 1110.,	1.0. 1			, 10W 1				
I. DESCRIPTION OF WELL A	L AND LEASE Well No. Pool Name, Including Formation K						Kind of Lease No.				
Lease Name East Eumont Unit	ì	1		-Yates-	SR-Q		ederal or Fee		B-2330		
Location					,			127			
Unit Letter A	:660	Feet	From The	N Line	and	660 _{F∞}	et From The	<u>E</u>	Line		
Section 2 Township	20S	Ran	ge 3	7E , N	APM,			Lea	County		
III. DESIGNATION OF TRANS			ND NATU	RAL GAS		liah a	convertible for	m is to be :	ent)		
Name of Authorized Transporter of Oil	or Con	ndensate		Address (Giv	e address to wi	ruch approved	copy of this for	n 15 10 DE S	επι		
Injection		,		144		List	nomy of this for	m je ta k			
Name of Authorized Transporter of Casing	head Gas] or I	Ory Gas	Address (Giv	e address to wi	uch approved	copy of this for	n 13 10 De 3	eni)		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Tw ₁	p. Rge. 	is gas actuali	y connected?	When	?				
If this production is commingled with that f	rom any other leas	e or pool,	give comming	ling order num	ber:						
IV. COMPLETION DATA		Well	Gas Well	New Well	Workover	Deepen	Plug Back	ame Res'v	Diff Res'v		
Designate Type of Completion -	- (X)	į		Ì	İ	1			_1		
Date Spudded	Date Compl. Read	dy to Pro	d.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Pay		Tubing Depth				
Perforations	1			<u> </u>			Depth Casing	Shoe			
	TUDI	NG CA	SING AND	CEMENTI	NG RECOR	2D	<u> </u>				
11015 0175	CASING			CLINEIVII	DEPTH SET		SACKS CEMENT				
HOLE SIZE	CASING	& TUBII	IG SIZE	 	DET TIT SET						
							 				
	-			1			1				
	 			1							
V. TEST DATA AND REQUES	T FOR ALLO	OWAB	LE								
OIL WELL (Test must be after r	recovery of total vo	lume of l	oad oil and mus	si be equal to o	r exceed top al	lowable for th	is depth or be f	or full 24 h.	ours.)		
Date First New Oil Run To Tank	Date of Test			Producing M	lethod (Flow, p	ownp, gas lift,	etc.)				
Length of Test	Tubing Pressure			Casing Pres	sure	Choke		ize			
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF					
							1				
GAS WELL				1500			TC	'ondenests			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
			Casing Pressure (Shut-in)			Choke Size					
Testing Method (pitot, back pr.)	Tubing Pressure	(Shut-m))	Casing Pres	sure (Snui-10)		Cloke Size				
VI. OPERATOR CERTIFIC	TATE OF CO	MPI	IANCE	T							
I hereby certify that the rules and regu	stations of the Oil C	Tonservet	ion		OIL CO	NSERV	'ATION	DIVIS	ION		
I hereby certify that the rules and regularity Division have been complied with and	I that the information	On given	above				MAD	4 9 4	000		
is true and complete to the best of my	knowledge and be	lief.		Dat	e Approv	har	MAK	1318	Coc		
•				Dai	e whhin	eu					
Publica C	lloon			By			SIGNED SY				
Rebecca Olson	Age	nt				DI	TRICT I SUF	ÆKAJ2U)	Ş		
				i 1							

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

March 2, 1989 (505) 746-6520 Telephose No.

Printed Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
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