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

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

State of New Mexico Fargy, 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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-025 **-** 05868 Oxy USA, Inc. Address 79710 PO Box 50250, Midland, Tx Other (Please explain) JUNE Reason(s) for Filing (Check proper box) Change in Transporter of: New Well 1, 1993 **1** Effective 4 Dry Gas Oil Recompletion  $\mathbf{X}$ Casinghead Gas Condensate Change in Operator If change of operator give name PO Box 3531, Midland, 79702 TXSirgo Operating, Inc. and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. B-2330 State, Federal or Fee Eumont Yates SR QN 112 East Eumont Unit Location East North Line and . 1998 G Feet From The . Feet From The Line Unit Letter Lea 20S 37E NMPM. 2 Township Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate INJECTION Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas When ? is gas actually connected? Twp. Sec. Unit If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Diff Res'v Deepen Pluz Back Same Res'v Gas Well New Well Workover Oil Well Designate Type of Completion - (X) Total Depth P.B T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gau- MCF Water - Bbis. Oil - Bbls. Actual Prod. During Test **GAS WELL** Grivity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Chake Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) lesting Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation JUL 13 1993 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved ORIGINAL SIGNED BY JERRY SEXTON Signature Pat DISTRICT I SUPERVISOR McGee Title Title \_\_ Printed Name 915/685-5600 Telephone No. Date

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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## 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 TO TRANSPORT OIL AND NATURAL GAS

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				JUN 2 1 1990						
I hereby certify that the rules and regulations of the information given above Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved						
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