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

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

Liule of New Breaker 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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS T. Operator Well API No 30-025- 05869 Oxy USA, Inc. Address PO Box 50250, Midland, TX 79710 Reason(s) for Filing (Check proper box) Other (Please explain) ZUNE New Well Change in Transporter of: 🛶 1, 1993 Effective. Dry Gas Oil Recompletion X Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator Sirgo Operating, Inc., PO Box 3531, Midland, 79702 II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Lease Name Kind of Lease Lease No. State, Foderal or Fee 106 Eumont Yates SR QN B - 2330East Eumont Unit Location 660 \_\_ Feet From The \_\_NorthLine and \_ 1980 East Unit Letter \_\_\_ В Feet From The 2 Township 20S Lea 37E Range , NMPM, County TH III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate X PO Box 1558, Breckenridge, TX 76024 Koch Oil Company Name of Authorized Transporter of Casinghead Gas Address (Give address to which anormed copy of this homeing be sent) PO Box 1589, Tulsa, OK 74102 or Dry Gas Warren Petroleum Corp. If well produces oil or liquids, Rge. Is gas actually connected? Unit Sec. Twp. When? give location of tanks. |19S |37E NA Yes 35 Р If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen Plug Back Same Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE **DEPTH SET** 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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Water - Bbls. Gas- MCF Actual Prod. During Test Oil - Bbls. **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JUL 13 1993 Date Approved \_ is true and complete to the best of my knowledge and belief. ORIGINAL SIGNED BY JERRY SEXTON Signature Pat McGee Land Manager DISTRICT I SUPERVISOR Title Title\_

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.

915/685-5600

Telephone No.

- 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.