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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Oxy USA, Inc.				I AA STI	API No.	
ONY ODITY THE.					-025-09889	
Address PO Box 50250,	Midland TY	79710				
Reason(s) for Filing (Check proper box)	Midiand, ix	13110	Other (Please exp	lain)	TUNE	
New Well	Change in	Transporter of:				
Recompletion	Oil 🔲	Dry Gas	Effecti	ive <del>Pol</del>	when 1, 1	993
Change in Operator	Casinghead Gas	Condensate				
If change of operator give name and address of previous operator Si	rgo Operati	ng, Inc.	, PO Box 3531,	, Midla	ind, TX 79	702
II. DESCRIPTION OF WELL	AND LEASE					
Lease Name	Well No.	Pool Name, Includ	ing Formation		of Lease	Lease No.
East Eumont Unit	122	Eumont	Yates SR QN	State,	Rederal or Fee B-	2656
Location Unit Letter P	: 660	Feet From The	South Line and 660	O Fe	Eas	t Line
Section 2 Townshi	<sub>p</sub> 20S ′	Range 37E	, NMPM, Le	ea		County
				<u> </u>	<del></del>	County
III. DESIGNATION OF TRAN				H		·
Name of Authorized Transporter of Oil	or Conden		Address (Give address to wi			
Koch Oil Company  Name of Authorized Transporter of Casing	hand Con O	an Day Con C	PO Box 1558,			
Warren Petroleum		or Dry Gas	Address (Give address to w) PO BOX 1589,	Tulsa,	OK 74102	e sent)
f well produces oil or liquids, Unit Sec. Twp. Rge.			Is gas actually connected? When ?			······································
		19S  37E	Yes NA			
If this production is commingled with that in IV. COMPLETION DATA	from any other lease or p	oool, give commingl	ing order number:			
Designate Type of Completion	Oil Well	Gas Well	New Well   Workover	Deepen	Plug Back   Same Res	s'v Diff Res'v
Date Spudded	Date Compl. Ready to	Prod.	Total Depth	1	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations			Depth Casing Shoe			
		CEMENTING RECORD				
HOLE SIZE	CASING & TU	BING SIZE	DEPTH SET		SACKS C	EMENT
HOLE SIZE	CASING & TU	BING SIZE	DEPTH SET		SACKS C	EMENT
HOLE SIZE	CASING & TU	BING SIZE	DEPTH SET		SACKS C	EMENT
HOLE SIZE	CASING & TU	BING SIZE	DEPTH SET		SACKS C	EMENT
V. TEST DATA AND REQUES	T FOR ALLOWA	BLE				
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR ALLOWA	BLE	be equal to or exceed top allo		depth or be for full 24	
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V. TEST DATA AND REQUES OIL WELL (Test must be after re Date First New Oil Run To Tank  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D	T FOR ALLOWA covery of total volume of Date of Test Tubing Pressure Oil - Bbls.	BLE f load oil and must	be equal to or exceed top allo Producing Method (Flow, pu Casing Pressure Water - Bbls.		depth or be for full 24 c.) Choke Size Gas- MCF	
V. TEST DATA AND REQUES OIL WELL (Test must be after re Date First New Oil Run To Tank  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Festing Method (pitot, back pr.)	T FOR ALLOWA covery of total volume of Date of Test  Tubing Pressure  Oil - Bbls.  Length of Test  Tubing Pressure (Shut-	BLE  If load oil and must	be equal to or exceed top allo Producing Method (Flow, pu Casing Pressure Water - Bbls.  Bbls. Condensate/MMCF		depth or be for full 24 c.) Choke Size Gas- MCF Gravity of Condensate	
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## 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.