Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	O TRANS	SPORT OIL	AND NA	TURAL GA	<u>s</u>	DI 11			
Operator Oxy USA, Inc.		Well API No. 30-025- 05583								
Address PO Box 50250, M	idland	I, TX	79710							
Reason(s) for Filing (Check proper box)  New Well  Change in Transporter of:  Recompletion  Oil  Dry Gas  Change in Operator  Casinghead Gas  Condensate										
If change of operator give name and address of previous operator Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702										
II. DESCRIPTION OF WELL AND LEASE  Lease Name  East Eumont Unit  28 Eumont Yates SR QN  Location  Kind of Lease Lease No. State, Federal or Fee B-2330										
Unit Letter A 660 Feet From The North Line and 660 Feet From The Line										
Section 9 Township 19S Range 37E , NMPM, Lea County										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
Name of Authorized Transporter of Oil X or Condensate PO Box 1558, Breckenridge, TX 76024										
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Corp				Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762						
GPM  If well produces oil or liquids, give location of tanks.	uces oil or liquids, Unit Sec.			Is gas actually connected? When NO						
If this production is commingled with that f	rom any other	r lease or poo	l, give commingli	ing order num	per:					
IV. COMPLETION DATA	~	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X)  Le Spudded Date Completion		. Ready to Prod.		Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations				Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD										
HOLE SIZE		NG SIZE				SACKS CEMENT				
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE	be equal to or	exceed top allo	owable for thi	s depth or be	for full 24 hou	rs.)	
OIL WELL  (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.)  Date First New Gil Rus To Fank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.			Gas- MCF			
GAS WELL Actual Prod. Test - MCF/D Length of Test				Bbls, Conder	sale/MMCF		Gravity of Condensate			
				Chaire Pressure (Chut in)			Choke Size			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Close SEC			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Dat McGee  Land Manager				OIL CONSERVATION DIVISION  Date Approved JUL 0 9 1993  By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Pat McGee         Land Manager           Printed Name         Title           915/685-5600         Telephone 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.