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

State of New Mexico Livergy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088 RECLIEST FOR ALLOWARI F AND ALITHOPIZATION

| I. | | | NSPORT O | | | | | | | |
|--|---|---------------------------------------|-----------------------------|---|-------------------------------------|------------------------------|--|-------------|-------------------------------------|---|
| Operator | arot | | | | | Well API No. 30-025-05589 | | | | |
| Oxy USA, Inc. | | | 3(|)-025- | U5589 ——— | | | | | |
| PO Box 50250, | Midlan | d, TX | 79710 | | | | | | | |
| Reason(s) for Filing (Check proper box) | | | _ | ☐ Oil | her (Please expl | ain) J | WNE | | | _ |
| New Well Recompletion | Oil | | Transporter of: | | Effecti | ve 🖼 | | 1, 199 | 3 | |
| Change in Operator | Casinghead | _ | Condensate | | | | • | • | | |
| If change of operator give name and address of previous operator Si | rgo Op | eratir | ng, Inc. | , PO Bo | x 3531, | Midla | and, TX | 7970 | 2 | |
| II. DESCRIPTION OF WELL | AND LEA | SE | | - , <u>- , </u> | | | · · · · · · · · · · · · · · · · · · · | | | _ |
| Lease Name | Well No. Pool Name, Include | | | ting Formation Kir | | | d of Lease Leas | | ease No. | |
| East Eumont Unit | | 33 | Eumont | Yates SR QN | | State | State Pederal or Fee | | B-2461 | |
| Location Unit Letter F | . 1980 | | N | orth | 100 | 1 | | West | | |
| Omi Letter | _ :_1300 | I | Feet From The $\frac{N}{2}$ | CI CII Lin | e and | Fo | et From The | West | Line | ; |
| Section 10 Townshi | p 195 | | Range 37E | , N | мрм, Le | a | | | County | |
| III. DESIGNATION OF TRAN | ISPORTER | OF OII | . AND NATI | RAL GAS | | | | | | |
| Name of Authorized Transporter of Oil | | or Condensa | | Address (Giv | e address to wh | | | | | _ |
| Name of Authorized Transporter of Casin | | | | | PO Box 1558, Breckenridge, TX 76024 | | | | | |
| Name of Authorized Transporter of Casing Warren Petroleum CPM | inghead Gas X or Dry Gas Corp | | | PO BOX | enbrock | fullsa, | copy of this form into be sent) 55a, TX 79762 | | | |
| If well produces oil or liquids, give location of tanks. | | | wp. Rge. | is gas actually connected? | | | When ? | | | |
| If this production is commingled with that | M how other | | L9S [37E | Yes | | l | | NA | | |
| IV: COMPLETION DATA | | | or, gree continuing | ing order num | <u>.</u> | | | | | |
| Designate Type of Completion | - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Date Spudded | Date Compl. | Ready to P | rod. | Total Depth | | | P.B.T.D. | l | <u> </u> | |
| | | · · · · · · · · · · · · · · · · · · · | · | | | | 1.5.1.5. | | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | Top Oil/Gas Pay Tubing Depth | | | | | | |
| Perforations | | | | | | | Depth Casing Shoe | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| HOLE SIZE | TUBING, CASING AND CASING & TUBING SIZE | | | CEMENTING RECORD DEPTH SET | | | 212/2 25/3 | | | |
| | CASING & TUBING SIZE | | | DEPTH SET | | | SACKS CEMENT | | | |
| | | | | | | | | | | |
| | | | | | · | | | | | _ |
| . TEST DATA AND REQUES | | | | | | - | L | | · · · · · · · · · · · · · · · · · · | |
| OIL WELL (Test must be after re Date First New Oil Rug To Tank | t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.) | | | | | | | | | |
| | Date of Test | | | From eng Medico (Frow, pump, gas tyt, &cc.) | | | | | | |
| ength of Test | Tubing Pressure | | | Casing Pressure | | | Choke Size | | | |
| Actual Prod. During Test | Oil - Bbls. | | | Water - Bbls. | | | Gas- MCF | | | |
| , and the second | J. 20.1. | | | | | | on me. | | | |
| GAS WELL | | | | | | | ·········· | | | |
| Actual Prod. Test - MCF/D | Length of Tes | į. | | Bbls. Condens | ate/MMCF | | Gravity of Co | ondensate | | ٦ |
| Esting Method (pitot, back pr.) Tubing Pressure (Shut-in) | | | Casing Pressure (Shut-in) | | | Choke Size | | | | |
| | | | | | | | | | | |
| I. OPERATOR CERTIFICA | | | | | UL CONG | | TION | | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above | | | | OIL CONSERVATION DIVISION | | | | | | |
| is true and complete to the best of my knowledge and belief. | | | | Date Approved JUL 0 9 1993 | | | | | | |
| (at MI) | | | | Date | hhioved | | | | | - |
| Signature Signature | | | | Ву | ORIGINAL | SIGNED B | Y JERRY S | EXTON | | _ |
| <u>Pat McGee Land Manager</u> Printed Name Title | | | | DISTRICT I SUPERVISOR | | | | | | |
| 6/8/93 915/685-5600 | | | | Title | | | | | | |
| Date | | Telephor | se 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.