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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87	Santa Fe, Ne	w Mexico 87504-2088	
	REQUEST FOR ALLO	WABLE AND AUTHORIZATION	ONI
I.	TO TRANSPORT	OIL AND NATURAL GAS	OI <b>V</b>
Operator			Well API No.
Oxy USA, Inc	•		30-025- 05592
PO Box 50250	, Midland, TX 7971	0	
Reason(s) for Filing (Check proper be	ox)	Other (Please explain)	TIME
New Well	Change in Transporter of	f:	JUNE
Recompletion	Oil Dry Gas	☐ Effective 4	1, 1993
If change of operator give name	Casinghead Gas Condensate		
and address of previous operator	Sirgo Operating, Inc	c., PO Box 3531, Mid	dland, TX 79702
II. DESCRIPTION OF WEI Lease Name			
East Eumont Unit		nt Yates SR QN	Lease No. B-2209
Unit Letter L	1980 Feet From Th	South Line and 660	EF. & West
Section 10 Town	100	7 F2	Feet From The West
		, IMMENI, LOCA	Count
as common trambattet of Off		TURAL GAS	
Koch Oil Company	, —	Address (Give address to which appro	oved copy of this form is to be sent)
Name of Authorized Transporter of Cau Warren Petroleum	singhead Gas X or Dry Gas	Address (Give address to which	kenridge, TX 76024
	Corp — · c	Address Give address to which appro 4001 Penbrook, Od	and copy of this formisho be sent)
f well produces oil or liquids, ive location of tanks.	Unit Sec. Twp.	'b-   - B- ectually Composed /   W	essa, TX 79762
this production is commingled with the	M   3   195   37E	l Vac	NA
V: COMPLETION DATA	at from any other lease or pool, give comm	ingling order number:	
Designate Type of Completion	n - (X) Oil Well Gas Well	New Weil Workover Deeper	n Plug Back Same Res'v Diff Res
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	P.B.T.D.
erforations			Tubing Depth
			Depth Casing Shoe
HOLE SIZE	TUBING, CASING AN	D CEMENTING RECORD	
NOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			OXORO OZMENI
TECT DATE			
TEST DATA AND REQUES  L WELL Test must be after the	ST FOR ALLOWABLE		
te First New, Qil Run To Tank	recovery of total volume of load oil and mu	st be equal to or exceed top allowable for the	his depth or be for full 24 hours
and the second to the second	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)
igh of Test	Tubing Pressure	Casing Pressure	Choke Size
ual Prod. During Test	Oil - Bbls.	Water - Bhis	
		Water - Bors	Gas- MCF
AS WELL			
ual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ng Method (puot, back pr.)	Tubing Pressure (Shut-in)		
		Casing Pressure (Shut-in)	Choke Size
OPERATOR CERTIFICA	ATE OF COMPLIANCE	1	
hereby certify that the rules and regular ivision have been complied with and the	tions of the Oil Consequation	OIL CONSERV	ATION DIVISION
true and complete to the best of my kr	nowledge and belief.		
/ now	7//	Date Approved	A 4000
gnature (ID)///	Sec	[] JUL	0 9 1993
Pat McGee Land Manager		By ORIGINAL SIGNED BY JERRY SEXTON	
inted Name	d Name Title		UPERVISOR
6/8/93	915/685-5600	Title	
<del></del>	T.,		

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.

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.