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

State of New Mexico F gy, Minerals and Natural Resources Departme

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

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

Santa Fe, New Mexico 87504-2088

I.	REC	UEST F	FOR A	ALLC POR	WA TO	BLE AND	AUTHOR	RIZATION BAS	1			
Operator Oxy USA, Inc.						Well API No. 30-025-05701						
Address						<del></del>			30-025-	. 05/01		
PO BOX 50250, Reason(s) for Filing (Check proper box)	Midla	and, T	'X	<u>797</u>	10		ther (Please ex	plain) T	\ =			
New Well		Change i			of:				ane —			
Recompletion	Oil Casinghe	ead Gas	Dry C			E	ffectiv	re <b>Park</b>	maley 1	, 1993		
If change of operator give name and address of previous operator					nc.	PO Bo	x 3531,	Midla	nd, TX	79702	<u> </u>	
II. DESCRIPTION OF WELL												
East Eumont Unit	Well No. Pool Name, Inclu 64 Eumont								of Lease Lease No. Federal or Fee B-2461			
Location	. 66	0				N o set b	1.0	0.0				
Unit LetterC	:00	<u>U</u>	_ Feet F	rom Ti	he	North <sub>Li</sub>	ne and19	80 I	Feet From The	West	Line	
Section 27 Townsh	ip 19	S	Range		37	E , N	impm, I	ea			County	
III. DESIGNATION OF TRAN	SPORTE			D NA	<u>ATU</u>							
Name of Authorized Transporter of Oil  INJECTION		or Conde	nsale			Address (Gi	ve address to w	vhich approve	d copy of this j	form is to be se	ens)	
Name of Authorized Transporter of Casin	ghead Gas		or Dry	Gas [	==	Address (Gi	we address to w	hich approve	d copy of this f	orm is to be se	ent)	
if well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge			Rge.	ls gas actually connected? When			1 ?				
If this production is commingled with that IV. COMPLETION DATA	from any ou	ner lease or	pool, giv	ve com	ming	ing order num	ber:					
Designate Type of Completion	- (X)	O.I Well	1	Gas We	ell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pi. Ready to	Prod.			Total Depth			P.B.T.D.	i	_l	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing Shoe			
	<u> </u>	TIRING	CASIN	JG A	NID	CEMENTO	VC BECOR	D		<del></del>		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				ND	DEPTH SET			S	SACKS CEMENT		
. TEST DATA AND REQUES	TEODA	LLOWA	DIE									
				il and i	musi i	be equal to or	exceed top allo	wable for this	t denth or he fo	ne full 24 hour	- )	
Date First New Oil Run To Tank	Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure					Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.			Gas- MCF			
GAS WELL							<del></del>	,				
Actual Prod. Test - MCF/D	Length of Test				<del></del>	Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (piiot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
/I. OPERATOR CERTIFICATE OF COMPLIANCE I 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.						OIL CONSERVATION DIVISION  Date Approved JUL 1 2 1993						
Signature Clark		We_			-	Ву	<del>JRIGINAL S</del>	IGNED EY	JENRY SEX	160		
Printed Name	<u> </u>		Title	<del></del>	-			RICT I SUF	ERVISOR			
6/8/93 Date	915	7685-	5600	<u>)                                    </u>	-	1166			<del></del>			

## 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.