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

State of New Mexico rgy, Minerals and Natural Resources Departm

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., Aziec, NM 87410

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

Salita 1 e, New Mexico 8/

I.	REQ	UEST FO	)R A NSP	LLOW	ABLE AND	AUTHOR	IZATION	١			
Operator		10 1117	1401	OITI	DIE VIAD IAV	TURAL		II API No.			
Oxy USA, Ir	nc.						i	30-025 -	05705		
Address					<del></del>			0-025	- 05/05		
PO Box 5025	0, Midla	nd, Tx	: 7	9710	<u> </u>						
Reason(s) for Filing (Check proper New Well	bax)				Ot	her (Please exp	lain) Ju	WE	·		
Recompletion	0''	Change in			,	c	j.	<del>~~</del>			
Change in Operator	Oil		Dry G		J Ei	ffectiv	e <del>Pels</del> i	rubey 1	, 1993		
If change of operator give name	Casinghea		Conde							·	
and address of previous operator	Sirgo O		ng,	Inc	. PO Box	x 3531,	Midla	and, TX	7970:	2	
II. DESCRIPTION OF WI	ELL AND LE		01 N	<del></del>							
East Eumont Uni	+	Well No.   1			uding Formation			d of Lease	D O	Lesse No. 130	
Location			<u> </u>	MOITE	Yates S	SR QN		s, Federal or F	œ D-9]	130	
Unit Letter K	165	50 r	Geet En	om The	South	23	1.0 .		West		
						e and	<del></del> )	Feet From The		Line	
Section 27 To	waship 195	<u> </u>	lange	3	7E , N	MPM, Le	ea			County	
III. DESIGNATION OF T	RANSPORTE	R OF OIL	AN	D NAT	URAL GAS						
Name of Authorized Transporter of INJECTION	ONI	or Condensa	le		Address (Giv	ve address to wi	hich approve	d copy of this	form is to be s	ent)	
Name of Authorized Transporter of	Casinghead Gas		r Dry (	34	Addman (Ci						
					Addiess (Oth	re address to wi	uch approve	d copy of this	form is so be s	ens)	
If well produces oil or liquids, give location of tanks.	Unit	Sec. T	wp.	Rge	. Is gas actually	y connected?	Whe	n ?			
If this production is commingled with	that from any other			<u>L </u>		<del></del>	L				
IV. COMPLETION DATA	unit from any othe	r lease or po	oi, give	commin	gling order numb	ber:					
		Oil Well	l G	as Well	New Well	Workover	Deepen	Dive De de	10 2		
Designate Type of Complete		i	i			WOLKOVE	∣ ⊅eepen ∣	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	. Ready to Pr	od.		Total Depth		L	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas P	D <sub>2 U</sub>					
					Top Oil Gas 1	•,		Tubing Depth			
Perforations								Depth Casin	g Shoe		
	~~	IDDIG G		<u> </u>							
TUBING, CASING AT HOLE SIZE CASING & TUBING SIZE							)				
HOLL SIZE	SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
						······································			-		
V. TEST DATA AND REQU								······································			
OIL WELL (Test must be aft Date First New Oil Run To Tank	er recovery of tota	I volume of lo	oad oil	and musi	be equal to or e	exceed top allow	vable for this	s depih or be f	or full 24 hour	·s.)	
Date That New Oil Rull To Tank	Date of Test				Producing Met	hod (Flow, pur	rp, gas lift, e	tc.)			
Length of Test	Tubing Press	Tubing Pressure				<b>e</b>		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL					1	<del></del>				<del></del>	
Actual Prod. Test - MCF/D	Length of Te	st st			Bble Conden	1. AAAA	<del></del>		<del></del>		
	20261.01.10	Langui of Teat				Bbis. Condensate/MMCF			Gravity of Condensate		
esting Method (pilot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
U ODED LEON				· · · · · · · · · · · · · · · · · · ·					<u> </u>		
I. OPERATOR CERTIF				E		II CON		TION -	20.40.0		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					JUL 1 2 1993						
	mil	1			Date A	Approved			<del></del>		
- OBM The					D ORIGINAL SIGNIES BY						
Signature Pat McGee					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name ( /		Title	e		Title						
Date 6/8/93	915,	/ 685-5 Telephon		<del></del> ,							
_ <del></del>		TELEDUOU	E 1.AO:		1.4						

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.