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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well	API No.				
Oxy USA, Inc.				······································	· · · · · · · · · · · · · · · · · · ·		3	0-025 -	09887			
Address DO Doir E03E0	w: 31 -		n '	70710								
PO BOX 50250, Reason(s) for Filing (Check proper box		ind, 1	ı'X	79710		/D/	1 1 1					
New Well	'	Change i	n Tenner	vorter of:		her (Please exp	(aun) Ju	NE				
cw Well Change in Transporter of: completion Oil Dry Gas Effectiv							a Ilaba	1 2 2 2 1	. 1993			
Change in Operator	Casinghe	ad Gac	Conde			rrec cr.		1	, 1993			
change of operator give name								· · · · · · · · · · · · · · · · · · ·				
nd address of previous operatorS	irgo O	perat	ing,	Inc.	PO Box	< 3531,	Midla	nd, TX	79702	 		
I. DESCRIPTION OF WELL	LAND LE	ASE										
ease Name Well No. Pool Name, Inclu					ding Formation			Kind of Lease Leas		ease No.		
					Yates SR QN			State, Federal or Fee				
Location		1 30				211			- 4 ce			
Unit Letter M	. 660	n	F . F		South	e and 660	٦	_	Wort			
Omit Letter	:	<u> </u>	_ rea r	rom the	DOG CII	e and	F	eet From The	WESL	Line		
Section 22 Towns	hip 199	S	Range	37	E .N	мрм, L	ea			Country		
									·····	County		
II. DESIGNATION OF TRA	NSPORTE	CR OF C	IL AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)							
INJECTION										•		
Name of Authorized Transporter of Casi	nghead Gas		or Dry	Gas	Address (Gir	e address so w	hich approve	copy of this f	form is to be se	ent)		
		Sec.		_,								
f well produces oil or liquids, ive location of tanks.	Unit	Twp.	Rge.	Is gas actually connected?			When?					
·			<u> </u>	_L	<u> </u>							
this production is commingled with the	t from any oth	ner lease or	pool, gi	ve comming	ling order num	ber:	·					
V. COMPLETION DATA					1	, 	, _		·			
Designate Type of Completion	1 - (X)	Oil Well	1 (Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Pate Spudded		al Banda i		· -· · · ·	Total Depth		<u> </u>	<u> </u>		1		
ale Spanier	Date Comp	pl. Ready to	o Prod.		· · · · · · · · · · · · · · · · · · ·			P.B.T.D.				
levations (DF, RKB, RT, GR, etc.)	Name of B	Name of Producing Formation				Top Oil/Gas Pay			Taking			
devaluous (DF, AAD, AT, OA, Elc.)	Name of F	roomering re	OHIMUON					Tubing Depth				
erforations									Depth Casing Shoe			
								Depai Casin	g snoe			
	Т	UBING.	CASI	NG AND	CEMENTI	NG RECOR	D					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
												
							·					
. TEST DATA AND REQUE												
IL WELL (Test must be after	recovery of 10	tal volume	of load o	oil and must					or full 24 hour	s.)		
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)							
ength of Test	Tubing Pres	Tubing Pressure				Casing Pressure			Choke Size			
		Oil - Bbls.				Water - Bbls.						
ctual Prod. During Test	Oil - Bbls.								Gas- MCF			
	<u> </u>		····					<u> </u>				
GAS WELL												
ctual Prod. Test - MCF/D	Length of T	l'est			Bbls. Conden	sale/MMCF		Gravity of C	ondensate			
ting Method (pilot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size				
								}				
I. OPERATOR CERTIFIC	'ATE OF	COMP	LIAN	CE								
I hereby certify that the rules and regu						DIL CON	SERV	ATION [DIVISIO	Ν		
Division have been complied with and that the information given above					JUL 12 1993							
is true and complete to the best of my	knowledge an	d belief.			Date	Approved		, 1000				
1.	MA				Date	whhiose	J					
Cut)	1/11				n	ORIGINA	al Chambiae	YRAZL YA C	/ CEV7/181			
Signature McCoo	,				By_			SUPERVISO		··		
Pat McGee			Ti,1-									
Printed Name 6/8/93	0.1 (5/685	Title - 5.6.0	Λ	Title				Į5			
Date (9.10.19.3)	<u> </u>		<u>-560</u>									

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.