

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
OXY USA Inc.

Address  
P.O. Box 50250 - Midland, Texas 79710

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

☒ Dry Gas  
☐ Condensate

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State D	Well No. 6	Pool Name, Including Formation Eumont Yates 7 Rvs Queen	Kind of Lease State, Federal or Fee State	Lease No. B-1481
Location				
Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>32</u> Township <u>21S</u> Range <u>36E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northern Natural Gas Company	P.O. Box 2370 - Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	Yes 6-18-88

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

J. G. Vitran  
(Signature)  
District Operations Manager - Production  
(Title)  
June 21, 1988  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 11 1988, 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR  
TITLE

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X		X			X	
Date Spudded (Respudded) 4-04-88	Date Compl. Ready to Prod. 6-18-88	Total Depth 3871'				P.B.T.D. 3869'			
Elevations (DF, RKB, RT, GR, etc.) 3611'DF	Name of Producing Formation Yates-7 Rivers	Top Oil/Gas Pay 3299'				Tubing Depth 3227'			
Perforations New Perfs: 2 SPF @ 3299 - 3311, 3367 - 3379, 3385 - 3392, 3515 - 3522, 3534 - 3543 and 3661 - 3693' Total 170 holes Old Perfs:						Depth Casing Shoe 3870'			
TUBING, CASING, AND CEMENTING RECORD						3785 - 3855'			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		1494'		900				
7-7/8"	5-1/2"		3870'		300				

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

#### GAS WELL

Actual Prod. Test - MCF/D C.A.O.F. 752 MCFD	Length of Test 4 hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate ----
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 377#	Casing Pressure (Shut-in) Packer	Choke Size 8, 10, 12, & 14/64"