bmit 5 Copies propriate District Office STRICT I C: Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

DICTOR III				
DISTRICT III	_			
IAM Dia Darwa PA	ATTAC	NM	<b>X7410</b>	

DISTRICT II P.O. Drawer DD, Artesia, NM 88210		Sa		P.O. B	ox 2088 exico 8750	04-2088		C. I.	D.	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410						AUTHORI TURAL G				
I. Operator	<u> </u>	10 1117	1101	<i>3111 OIL</i>	- AITO ITA	101012 0	Well A	IPI No.		2 -
OXY USA Inc.								30013	7-2148	30
P.O. Box 50250	Mi	dland,	TX.	79710						
Reason(s) for Filing (Check proper box)		Change is	Tmamo	are ali	X Out	et (Please expl	ain)			
New Well Recompletion	Oil		Dry Ga	1777		lent NGL			n Flats	Gas
Change in Operator	Casinghes	d Gas 🔲	Conden		Plar	nt to Amo	oco Prod	. Co.		
If change of operator give name and address of previous operator								<u> </u>		<del></del>
IL DESCRIPTION OF WELL	AND LE	ASE	<del> </del>		<del></del>		1 000	••		and No
Lease Name		Well No.			ing Formation	Wolfer	1	of Lease Pederal or <del>-Fo</del>	_	ease No. ////157773
Government AB	··		170.0	urion	1141	WOLICE	(14)		700-170	
Unit Letter	:	180	Feet Pro	om The $ oldsymbol{\underline{\mathcal{Z}}} $	outh Lin	e and <u>66</u>	20 Fe	et From The	Fasi	Line
Section /O Township	, ac	5	Range	28	<u> </u>	мрм,	Eddy			County
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS					
Name of Authorized Transporter of Oil		or Conder		×	Address (Gin	e address to w				ent)
Scurlock Permian Corp			or Dev	Gas X	P.O. Box 1183 Houston, TX, 77210  X Address (Give address to which approved copy of this form is to be sent)					ent)
Name of Authorized Transporter of Casing Amoco Production Co.	nesd Gas		Of Diy	ريني هما	I .	3ox 21198		OK.		•
If well produces oil or liquids,	Unit	Sec.	Twp	Rge.	ls gas actual		When			
give location of tanks.	II	10	120	1 28	Yes		l			
If this production is commingled with that IV. COMPLETION DATA	from any ou	ser lease or	pool, giv	e commune	ing order num	<u></u>				
		Oil Well	1	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion		1			Total Depth	1	1	P.B.T.D.	<u> </u>	_L
Date Spudded	Date Com	pl. Ready to	o Prod.		Total Deput			P.B. I.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Dep	Tubing Depth			
Perforations								Depth Casing Shoe		
	7	TUBING,	CASI	NG AND	CEMENTI	NG RECOR	SD.			
HOLE SIZE		SING & TU				DEPTH SET		SACKS CEMENT		
		<del> </del>			ļ	<del></del>		<del> </del>		
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR	ALLOW	ABLE	سنت ادعم ان	he equal to a	exceed ton all	lowable for this	s depth or be	for full 24 hou	rs.)
OIL WELL (Test must be after re	Date of Te		oj ioda c	AL GIAL MASI	Producing M	ethod (Flow, p	ump, gas lift, e	tc.)	<u> </u>	
	Tubing De			<del>,</del>	Casing Press	ure		Choke Size	<u></u>	
Length of Test	Tubing Pressure				Gas- MCF					
Actual Prod. During Test	Oil - Bbls.		:		Water - Bbis.					
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size					
VI. OPERATOR CERTIFIC	ATE OF	COMF	PLIAN	ICE	1	011 00:	UOEDY.	ATION	, האורטים	) A I
I hereby certify that the rules and regula	ations of the	Oil Conser	rvation			OIL COI	NOFHA	ALION	אפואות	ЛV
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date Approved							
			Date	s whblone	zu	<del> </del>				
Whit St	W				Rv					
Signature David Stewart		Pro	d. Ac	ct.	-					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

915-685-**5**717 Telephone No.

Title

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.