## OIL CONSERVATION DIVISION P. O. BOX 2088

DISTRIBUTION

SANTA FE

FILE

U.S.G.S. SANTA FE, NEW MEXICO 87501

|  | LAND OFFICE REQUEST FOR ALLOWABLE  |   |                            |   |                                 |                |              |             |               |   |
|--|--|---|----------------------------|---|---------------------------------|----------------|--------------|-------------|---------------|---|
|  | TRANSPORTER GAS  OPERATOR  |   |                            |   |                                 |                |              |             |               |   |
| OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  I. PROBATION OFFICE  Operator   |  |   |                            |   |                                 |                |              |             |               |   |
|  | Oxoco Production Corp.   |   |                            |   |                                 |                |              |             |               |   |
|  | Address 600 Woodway Tower, 4900 Woodway Drive, Houston, Texas 77056  |   |                            |   |                                 |                |              |             |               |   |
|  | Reason(s) for filing (Check proper box)  Other (Please explain)  |   |                            |   |                                 |                |              |             |               |   |
|  | Vew Well Change in Transporter of:   |   |                            |   |                                 |                |              |             |               |   |
|  | Recompletion XIX X   | ensate Definitar  |                            |   |                                 |                |              |             |               |   |
| Change in Ownership XXX Casinghead Gas Condensate Condensate If the Casinghead Gas Condensate If th |  |   |                            |   |                                 |                |              |             |               |   |
|  |  |   |                            |   |                                 |                |              |             |               |   |
| _  | -  | •   |                            |   |                                 |                |              |             |               |   |
| 1.   | DESCRIPTION OF WELL AND LEASE  Lease Name Well No.   Pool Name, Including Fo                                 |   |                            |   |                                 |                | 1 20000      |             |               |   |
|  | Trail Canyon   |   |                            |   | allup State, Federa             |                |              | eral ]      | NM-330        | 155                                     |
| Unit Letter HH: 1560 Feet From The North Line and 830 Feet From The East   |  |   |                            |   |                                 |                |              |             |               |   |
|  |  |   |                            |   |                                 |                |              |             | <del></del>   |   |
|  | Line of Section 18 Tov   | waship 32 North   | Range                      | 8 West  | , NMPM,                         | San Jua        | n            |             | Cou           | unty                                    |
| ı.   | DESIGNATION OF TRANSPORT   |   | TURAL GA                   |   |                                 |                |              |             |               |   |
|  | Name of Authorized Transporter of Off N/A  | Address (Give address to which approved copy of this form is to be sent)  |                            |   |                                 |                |              |             |               |   |
|  | Name of Authorized Transporter of Cas  | Address (Give address to which approved copy of this form is to be sent)  |                            |   |                                 |                |              |             |               |   |
|  | El Paso Natural Gas Co.  |   |                            | P. O. Box 1492, El Paso, Texas 79978  |                                 |                |              |             |               |   |
|  | If well produces oil or liquids,   | Unit Sec. Twp.  | Rge.                       | Is gas actually   | connecte                        | ;              |              | 1000        |               |   |
| - 1  | If this production is commingled with that from any other lease or pool, give commingling order number:  N/A |   |                            |   |                                 |                |              |             |               |   |
|  | COMPLETION DATA  | Oil Weil  | Gas Well                   | <u>.                                    </u>  | rkover                          | Deepen         | Plug Back    | Same Rest   | - TD(# 2      |   |
|  | Designate Type of Completio  |   | i Gus well                 | 1,104 11011   | IKUVEI                          | l<br>I         | l i          | t           | !             | 103 4.                                  |
|  | Date Spudded   | Date Compl. Ready to Pro  | od.                        | Total Depth   |                                 | 1              | P.B.T.D.     | <del></del> | - <del></del> |   |
|  | Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation   |   |                            | Top Oil/Gas Pay   |                                 |                | Tubing Depth |             |               |   |
|  | As Reported on 5/12/8  |   |                            | 1 filing  |                                 |                |              |             |               |   |
|  | Perforations   |   |                            |   | Depth Casing Shoe               |                |              |             |               |   |
| }  |  | DEPTH SET   |                            |   |                                 |                |              |             |               |   |
|  | HOLE SIZE  |   |                            |   | SACKS CEMENT                    |                |              |             |               |   |
| -  | As Reported on 5/12/   |   |                            |   |                                 | -              |              |             |               |   |
| 1  |  | AS REPORTED O   |                            |   | TING                            |                |              |             |               |   |
|  |  |   |                            |   |                                 | ·              | <u> </u>     | <del></del> | <del></del>   |   |
| '. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exable for this depth or be for full 24 hours)   |  |   |                            |   |                                 |                |              |             |               | allow-                                  |
| Ĩ  | Date First New Oil Run To Tanks Date of Test   |   |                            | Producing Metho   | od (Flow,                       | pump, gas lift | , etc.)      | a NC II     |               |   |
| -  | Length of Test   | As Reported o   | 1 filing   Casing Pressure |   |                                 | Charles I      |              |             |               |   |
|  |  |   |                            |   |                                 | WITE           | LIFE         | 1 1         |               |   |
|  | Actual Prod. During Test Oil-Bbls.   |   |                            | Water - Bbls.   |                                 |                | DEC 7 = 1981 |             |               |   |
| Į.   |  |   |                            |   |                                 |                |              | DN. COM     |               | لــــــــــــــــــــــــــــــــــــــ |
| _  | GAS WELL   | D.1. 0. 1   | 0.005                      |   |                                 | S T2           |              |             |               |   |
| l  | Actual Prod. Test-MCF/D  | Actual Prod. Tost-MCF/D Longth of Tost  As Reported on 5/12/8   |                            |   | Bbls. Condensate/MMCF  1 filing |                |              |             |               |   |
|  | Testing Method (pitot, back pr.)   | Tubing Pressure (Shut-i   | (ه                         | Casing Pressure (Shut-in)   |                                 |                | Choke Size   |             |               |   |
| L  | TOD THE LANGE OF COURT LANG  |   |                            |   |                                 | NICEDVATI      |              | ION         | <del></del>   |   |
| . (  | CERTIFICATE OF COMPLIANC   | OIL CONSERVATION DIVISION   |                            |   |                                 |                |              |             |               |   |
| I  | hereby certify that the rules and re   | APPROVED_ULU ( 19 19  |                            |   |                                 |                |              |             |               |   |
|  | Division have been complied with above is true and complete to the   | BY Original Signed by FRANK 1. HAVEZ SUPERVISOR DISTRICT 第 3  |                            |   |                                 |                |              |             |               |   |
|  |  | SUPERVISOR DISTRICT #5  |                            |   |                                 |                |              |             |               |   |
|  |  |   |                            | be filed in co  |                                 |                |              |             |               |   |
| Manda E. Richmond  |  |   |                            | 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 |                                 |                |              |             |               |   |
|  | Regulatory and Producti  | 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. |                            |   |                                 |                |              |             |               |   |
| -  | , (Titl  |   |                            |   |                                 |                |              |             |               |   |

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.