Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	n	Santa re, New							
ī.	REQUEST	FOR ALLOW							
Operator	10 11	RANSPORT C	JIL AND NA	TUHALG		API No.		·	
Oxy USA, Inc.						30-025-30270 DX			
PO Box 50250,	Midland, T	X 79710							
Reason(s) for Filing (Check proper box,)		Ot	her (Please exp	lain)				
New Well Recompletion	- 1	in Transporter of:	ר	77.E.E	dana ma	1	1 10	0.0	
Change in Operator	Oil Casinghead Gas	Dry Gas L. Condensate	נ ן	Firect	rive re	bruary	1, 19	93	
Change of commission size some	irgo Operat		, PO Bo	x 3531,	Midla	ind, TX	7970	2	
I. DESCRIPTION OF WELI									
West Dollarhide Qu	uding Formation	ding Formation Nide (Queen) State			B931	ease No.			
Location	leen 125	DOTTAL	mide (Q	ueen)		, war at 1 t ce	B931	<u>. </u>	
Unit Letter F	:2500	Feet From The	North Li	ne and24	50 F	eet From The	West	Line	
Section 5 Towns	hip 25S	Range 38E	, <u>N</u>	МРМ,	Lea			County	
II. DESIGNATION OF TRA	NSPORTER OF	OIL AND NAT	URAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)					eni)			
Texas-New Mexico				x 2528,		-	8240		
Name of Authorized Transporter of Casi GPM Gas Corporat		or Dry Gas	Address (Gi	ve address to wh	ich approved	copy of this for	m is to be se	int)	
If well produces oil or liquids,	Unit Sec.	Twp. Rg	e. Is gas actual	Plaza O	IIICE When	Bldg, B	artles	sville (
ive location of tanks.	i <i>E</i> i3a	1245 38E	Yes		When	•			
this production is commingled with that V. COMPLETION DATA	t from any other lease o	or pool, give commin	gling order num	ber:					
Designate Time of Completion	Oil We	ell Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion	Date Compl. Ready	In Prod	Total Depth	Ĺ	<u> </u>				
op	Date Compi. Ready	rotat Depth			P.B.T.D.				
levations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
erforations	1		<u> </u>			Depth Casing S	Shoe		
	TIRING	CASING AND	CEMENTER	IC DECOR		<u> </u>			
HOLE SIZE	CASING & 1	CEMENTING RECORD DEPTH SET			SACWO OFFICIAL				
			DEPTH SET			SACKS CEMENT			
						······································			
TEST DATA AND REQUES	ST FOR ALLOW	ABLE	1		·	<u> </u>			
IL WELL (Test must be after r	recovery of total volume		t be equal to or	exceed top allow	wable for this	depth or be for	full 24 hours	e)	
ate First New Oil Run To Tank	Date of Test	Producing Me	Producing Method (Flow, pump, gas lift, etc.)				,,,		
ength of Test	Tubing Pressure		Casing Pressure			Choke Size			
ctual Prod. During Test	Oil - Bbls.	····	Water - Bbls.	Water - Bbls.			Gas- MCF		
AS WELL	<u> </u>	······································	1						
ctual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pressure (Shu	Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFIC.	ATE OF COME	PLIANCE							
I hereby certify that the rules and regula	OIL CONSERVATION DIVISION								
Division have been complied with and to is true and complete to the best of my k	_			EED A	0 4000				
M	MM		Date	Approved		FEB 0	<u>8 1993 </u>		
	Elle								
Signature Attorney-in-Fact/ P. N. McGee Land Manager			∥ By	By ORIGINAL STONED BY JERSEY SEXTON					
Printed Name Title				Title					
1-12-93	915/68	5-5600	Litle_	 					
Date	Tele	phone No.	11						

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.