Submit 5 Copies Appropriate District Office		~.	-		w Mexico		-	Form C-14 dS			
DISTRICT	6	a <b>nergy</b> , M	linerals	and Nati	iral Resourc	es Departn		RECEIVED	Revised 1-1-00 See Instruction	14	
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II		OIL C	ONS		TION I	DIVISIO	DN			••• 6 <sup>1</sup>	
P.O. Drawer DD, Astenia, NM \$\$210		507	wa Ea	P.O. Bo	ox 2088 exico 8750	1.2088	0	CT 2 1 19	91	V	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410								O. C. D.		1	
L					ILE AND / AND NA			RTESIA OFF	i _ :		
Operator	/							PI No.		]	
OXY USA Inc.	/		<u></u>						-015-00633		
P.O. Box 50250	) Midla	and, TX	<b>.</b> 7	9710							
Resson(s) for Filing (Check proper box)		Channa in '	т			reflect		ble chan	ges effecti	VO	
	Oil		Dry Ga						tached orde		
Change in Operator	Casinghea		Conden	<b>**</b> 🗌	R-	4808-A.					
and address of previous operator											
IL DESCRIPTION OF WELL	AND LEA		<b>N</b> 1 1 1	<b>11</b>							
Less Name Citgo Empire Abo Unit	Tr. 2	Well No. 14	Pool Na	Empir	e Abo			of Lease Federal o <u>r Fee</u>	Loss No LC0287557		
Location							t				
Unit LetterM	_ :330	)	Feet Fre	m The	outh Lin	9999	<u>0</u> <b>Fe</b>	et From The	West	Line	
Section 35 Townshi	p	L7S	Range	27E	, N	MPM,	Edd	У	Cou	unity	
III. DESIGNATION OF TRAN	SPODTE		T. ANT	) NA 111 1							
Name of Authorized Transporter of Oil		or Condens				e address to w	hick approved	copy of this for	m is to be sent)		
AMOCO Pipeline Co. Name of Authorized Transporter of Casing	thread Care		or Dry (				cago, IL		-0707 m is to be sent)		
Phillips 66 Natural Ga	-		or <i>D</i> ry (				Odessa,		<b>76</b> 2		
If well produces oil or liquids, give location of tanks.			Twp.		ls gas actually		When		10.0		
If this production is commingled with that i	N from any oth	35 er lease or p	17S					3/22,	/89	لــــــ	
IV. COMPLETION DATA				_			-,				
Designate Type of Completion	- (X)	Oil Well	G	ias Well X	New Well	Workover	Deepen	Plug Back	Same Res'v Diff	Res'v	
Date Spudded	Date Comp	I. Ready to			Total Depth			P.B.T.D.			
4/1/60 Elevations (DF, RKB, RT, GR, etc.)	5/23/60 Name of Producing Formation				5702 <b>'</b> Top Oil/Gas Pay			5667 ' Tubing Depth			
3626'	Abo				5513'			5420'			
Perforations								Depth Casing	Shoe 5701'		
5513'-5600'	Т	UBING,	CASIN	IG AND	CEMENTI	NG RECO	2D		5701		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT 400			
<u> </u>	<u> </u>			982' 5701'				800			
		2 3/8	3"		5420'						
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		L			1		]	
OIL WELL (Test must be after m	covery of to	tal volume c		il and must			the second s		r full 24 hours.)	<u> </u>	
Date First New Oil Run To Tank	Date of Test 8/23/91				PTODUCING M	<b>shod (Flow, p</b> Flo	nomp, gas lift, e W	BC.J			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbla.			Gas- MCF				
			<u> </u>			_ <u>,,,</u> ,,					
GAS WELL											
Actual Prod. Test - MCF/D 311	Length of Test 24				Bbls. Condensate/MMCF			Gravity of Condensate 36.9			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
Back Pr.	600#				lr			Open			
VI. OPERATOR CERTIFIC. I bereby certify that the rules and regula				ICE	(		NSERV		DIVISION		
Division have been complied with and that the information given above					NOV - 5 1991						
is true and complete to the best of my h	inowiedge af	n denei.			Date	Approve	∋d		•••••••		
Malle / Kur	1				ORIGINAL SIGNED BY						
Signature Scott E. Gengler	Engineering Advisor_				By MIKE WILLIAMS SUPERVISOR, DISTRICT I						
Printed Name 10/16/91	<b>Title</b> 915-685-5717				Title						
Dete (Prepared by David			phone N	0.							
	n is to he								•		

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 request for allowable for heavy diffied of deepender well must be accompanied by abdition of deviation even and recompleted wells.
 All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.