

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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MAR 29 '88

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

I. Operator OXY USA Inc. ✓

Address P. O. Box 50250, Midland, TX 79710

Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> New Well	<input type="checkbox"/> Oil	Change of operator's name
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	effective April 1, 1988
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Cities Service Oil & Gas Corp., P. O. Box 50250, Midland, TX 79710

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Citgo Empire Abo Unit, Tr. 1 10</u>	Well No. <u>10</u>	Pool Name, including Formation <u>Empire Abo</u>	Kind of Lease <u>XPDS, Federal XPSM</u>	Lease No. <u>LC-02875</u>
Location				
Unit Letter <u>O</u> : <u>410</u> Feet From The <u>South</u> Line and <u>2235</u> Feet From The <u>East</u>				
Line of Section <u>35</u> Township <u>17S</u> Range <u>27E</u> , NMPM, <u>Body</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Amoco Pipeline Company</u>	<u>2300 Continental Bank Bldg. Fort Worth, TX 76102</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Oxy USA Inc.</u>	<u>Box 300 - Tulsa, OK 74102</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
<u>N 35 17S 27E</u>	<u>Yes 5-59</u>

If this production is commingled with that from any other lease or pool, give commingling order number: Post 10-3

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.

F. A. Vitrano
(Signature) F. A. Vitrano
District Operations Manager - Production
(Title)

March 15, 1988
(Date)

OIL CONSERVATION DIVISION

MAY 10 1988

APPROVED _____, 19 _____
Original Signed By
BY Mike Williams
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate 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 multiple completed wells.

DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PROBATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-100
Supersedes Old C-100 and C-11
RECEIVED 1-1-83

MAR 15 1983

O. C. D.
ARTESIA, OFFICE

Operator Cities Service Oil & Gas Corporation
Address P.O. Box 1919 - Midland, TEXAS 79702
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☒ Condensate ☐
Other (Please explain) Change of Operator's Name is effective April 1, 1983.

If change of ownership give name and address of previous owner Cities Service Company - P.O. Box 1919 - Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE
Lease Name Citgo Empire No. 1 Unit, Tril Well No. 210 Pool Name, including Formation Empire Abo Kind of Lease State, Federal or Fee Lease No. LE-028755(a)
Location
Unit Letter 0 : 410 Feet From The South Line and 2235 Feet From The East
Line of Section 35 Township 17S Range 27E NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
AMOCO Pipeline Company Address (Give address to which approved copy of this form is to be sent) 2300 Continental National Bank Building Fort Worth, Texas 76102
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Cities Service Oil & Gas Corporation Address (Give address to which approved copy of this form is to be sent) Box 300 - Tulsa, OK 74102
If well produces oil or liquids, give location of tanks. Unit N Sec. 35 Twp. 17S Rge. 27E Is gas actually connected? Yes When 5-59

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

COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Sore Restv. Inst. Restv.
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
Perforations _____ Depth Casing Shoe _____

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
Testing Method (prior, back pr.) _____ Tubing Pressure (shut-in) _____ Casing Pressure (shut-in) _____ Choke Size _____

CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Elmer Stantz
Region Operations Manager
March 14, 1983

OIL CONSERVATION COMMISSION
APPROVED MAR 22 1983
Original Signed By Leslie A. Clements
TITLE Supervisor District II
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.