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

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

OIL CONSERVATION DIVISION

P.O. Box 2088

See Instructions

			/	
Santa Fe	T	V		1
File	I		1	ľ
Transporter	Oil			ı
remaporter	Gas	V		ŀ

DISTRICT III

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 MAY 31 '89 Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 874	REQU	JEST FO	OR ALLOWA	BLE AND	AUTHOR	IZATION	Operator	Gas		
perator	ARIESIA.	O THA	NSPORT OIL	AND NA	TURAL G	IAS Well	API No.			
· /	/ /**					i	-015-00639	9		
OXY USA, Inc.	·····					1 30	013 0003.	,		
P. O. Box 50250, Meason(s) for Filing (Check proper box		TX 79	710		- /B/	J-:>			·	
ew Well	E)	Change in	Transporter of:		x (Piease exp	tain)				
ecompletion	Oil		Dry Gas							
hange in Operator		nd Gas 🔯	· —							
change of operator give name d address of previous operator										
DESCRIPTION OF WEL	L AND LE	ASE								
ease Name		i	Pool Name, Include	_		,	of Lease		ease No.	
<u>Citgo Empire Abo Tr.</u>	. 1	10	Empire A	bo		3070	Federal XX REX	LC02	28755A	
ocation	4.7	^	0-	4.1-	222	E		Fact		
Unit Letter 0	:41	0	Feet From The SO	uth_Line	and223	5 F	eet From The _	East	Lin	
Section 35 Town	aship 17S		Range 27E	, NI	IPM,	Eddy			County	
I. DESIGNATION OF TRA	ANSPORTE	R OF O	I. AND NATI	RAL GAS						
me of Authorized Transporter of Oi	I X	or Conden			address to w	hich approved	i copy of this for	m is to be s	eni)	
Amoco Pipeline Co.				201 Main	St., S	te. 500,	, Ft.Wort	h, TX 7	76102	
ame of Authorized Transporter of Ca	singhead Gas	X	or Dry Gas				l copy of this for			
<u>Phillips 66 Natural</u>	Gas Co.	 .					lesville	, OK	4004	
well produces oil or liquids, re location of tanks.	Unit			is gas actually		When	ı? 3 – 22–89			
	N	35	17S 27E		es		3-22-89		 	
his production is commingled with the COMPLETION DATA	iat from any oth	er lease or p	oool, give commingi	ing order numb	er			<u></u>		
Designate Type of Completic	on - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
nte Spudded		ol. Ready to	Prod.	Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.)			Top Oil/Gas Pay			Tubing Depth				
						D 16 2				
rforations							Depth Casing	Shoe		
	1	UBING,	CASING AND	CEMENTIN	IG RECO	RD	<u> </u>			
HOLE SIZE	1	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
							Post	Post ID-3		
		 				····	6-2-89			
	i						shy GTIDXY			
TEST DATA AND REQU	FCT FOR A	TLOWA	RIF							
			of load oil and must	be equal to or	exceed top al	lowable for thi	is depth or be fo	r full 24 hou	rs.)	
nte First New Oil Run To Tank	Date of Te		,	Producing Me					······	
ngth of Test	Tubing Pre	¢C1170		Casing Pressu			Choke Size			
	, I doing I lo	Tubing Pressure		Casing Prosone						
ctual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF				
AS WELL				·					 	
tual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate				
ting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size				
		00: =		1			<u> </u>			
I. OPERATOR CERTIF						USERV	ATION E	ועופור	N	
I hereby certify that the rules and re-	-					10L11V			· 1 1	
Division have been complied with a is true and complete to the best of n		_	II duuve	5	A	L HIN O	1 1090			
				Date	Approve	30 00m	1 1989 Obions			
Falletram					O.L.	a. 6	Alsema	· •		
<u> </u>				II Bv	MAN CONTRACTOR	PRAJ -	- Walter Co.	~~~		

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

Printed Name

-26-89 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 OLL AND GAS INSPECTOR

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

915-685-5717

Title

Telephone No.

- 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.