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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

OCT 21 1991

O. C. D.
DISTRICT OFFICE

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

dspt
BT
lp

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator OXY USA Inc. ✓		Well API No. 30-015-00639
Address P.O. Box 50250 Midland, TX. 79710		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) To reflect allowable changes effective August 1, 1991, as per attached order R-4808-A.		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Citgo Empire Abo Unit Tr. 1	Well No. 10	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee XXX	Lease No. LC028755A
Location Unit Letter O : 410 Feet From The South Line and 2235 Feet From The East Line Section 35 Township 17S Range 27E, NMPM, Eddy 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"/> AMOCO Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 87707 Chicago, IL. 60680-0707	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, TX. 79762	
If well produces oil or liquids, give location of tanks.	Unit N Sec. 35 Twp. 17S Rge. 27E	Is gas actually connected? Yes When? 3/22/89

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well X	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5/8/60	Date Compl. Ready to Prod. 6/3/60		Total Depth 5680'		P.B.T.D. 5666'			
Elevations (DF, RKB, RT, GR, etc.) 3612'	Name of Producing Formation Abo		Top Oil/Gas Pay 5550'		Tubing Depth 5543'			
Perforations 5550'-5600'					Depth Casing Shoe 5678'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 969'		SACKS CEMENT 350			
7 7/8"	5 1/2"		5678'		800			
	2 3/8"		5543'					

V. 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 Tank	Date of Test 8/17/91	Producing Method (Flow, pump, gas lift, etc.) Flow	
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 968	Length of Test 24	Bbls. Condensate/MMCF 8	Gravity of Condensate 36.9
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 700	Casing Pressure (Shut-in)	Choke Size Open

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature
Scott E. Gengler Engineering Advisor

Printed Name
10/16/91 915-685-5717 Title

Date (Prepared by David Stewart) Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV - 5 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Title

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.

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AND MAILING
TO THE DIRECTOR
OF THE BUREAU OF
PRISONS