

# OIL CONSERVATION DIVISION

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

JAN 13 1994

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

Operator OXY USA Inc.		Well APN No. 30-015-23508
Address P.O. Box 50250 Midland, TX. 79710		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of operator give name and address of previous operator

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Government AM	Well No. 1	Pool Name, including Formation Turkey Track Morrow North	Kind of Lease State, Federal or BLM	Lease No. NMNM91004
Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line Section 33 Township 18S Range 29E NMPM Eddy County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> GPM Gas corp.	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	Sec.	Twp.	Rgn.	Is gas actually connected?	When?

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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X		X				X
Date Spudded 9/23/93	Date Compl. Ready to Prod. 11/19/93	Total Depth 11356'		P.B.T.D. 11232'				
Elevations (DF, RKB, RT, GR, etc.) 3426'	Name of Producing Formation Morrow	Top Oil/Gas Pay 11106'		Tubing Depth 11020'				
Perforations 11106-11172'				Depth Casing Shoe 11356'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/8"	300'		950				
12 1/4"	8 5/8"	3015'		1750				
7 7/8"	5 1/2"	11356'		920				

### 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	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 40	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate ----
Testing Method (pilot, back pr.) Back pr	Tubing Pressure (Shut-in) 1500	Casing Pressure (Shut-in) ---	Choke Size 1"

### VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature  
David Stewart Regulatory Analyst  
Printed Name  
1/11/93 915-685-5717  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved JAN 27 1994

By

Title SUPERVISOR, DISTRICT II

### 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.