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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

JAN 18 '90

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

CLSF
4T
GT
DP

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

I.

Operator OXY USA Inc. ✓	Well API No. 3001521242
Address P.O. Box 50250 Midland, TX. 79710	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: 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"/> <input checked="" type="checkbox"/> Other (Please explain) Test Add'l Morrow TA - Wolfcamp	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government Z	Well No. 1	Pool Name, Including Formation Burton Flat Morrow	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other <input type="checkbox"/>	Lease No. NMNM8941
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>W</u> Line Section <u>23</u> Township <u>20S</u> Range <u>28E</u> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corp. SCURLOCK PERMIAN CORP EFF 9-1-91	Address (Give address to which approved copy of this form is to be sent) Box 1183 Houston, TX. 77251	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> OXY USA Inc.	Address (Give address to which approved copy of this form is to be sent) Box 50250 Midland, TX. 79710	
If well produces oil or liquids, give location of tanks.	Unit <u>K</u> Sec. <u>23</u> Twp. <u>20S</u> Rge. <u>28E</u>	Is gas actually connected? <u>Yes</u> When? <u>12/27/89</u>

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 <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back	Same Res'v <input checked="" type="checkbox"/>	Diff Res'v
Date Spudded MT <u>11/18/89</u>	Date Compl. Ready to Prod. <u>12/27/89</u>		Total Depth <u>11485'</u>		P.B.T.D. <u>11260'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3238'</u>	Name of Producing Formation <u>Morrow</u>		Top Oil/Gas Pay <u>11052'</u>		Tubing Depth <u>10949'</u>			
Perforations <u>11052'-11209'</u> Total of 64 holes					Depth Casing Shoe <u>10485'</u>			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17-1/2"</u>	<u>13-3/8"</u>	<u>625'</u>	<u>625</u>
<u>12-1/4"</u>	<u>9-5/8"</u>	<u>3008'</u>	<u>1200</u>
<u>8-3/4"</u>	<u>5-1/2"</u>	<u>11485'</u>	<u>900</u>

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 CAOF - 2027	Length of Test 4 hrs	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (Shut-in) 2965	Casing Pressure (Shut-in) pkr	Choke Size 8/64

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 F.A. Vitrano Oper. Mgr. - Prod.
Printed Name F.A. Vitrano Title
Date 1/15/90 Telephone No. 915-685-5717
Date (Prepared by David Stewart)

OIL CONSERVATION DIVISION

Date Approved JAN 23 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
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.