Box 1980, Hobbs, NM 88240

## State of New Mexico

## Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

114 1 1 100

Form C-104 Revised 1-1-99 See Instructions at Bottom of Page
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DISTRICT II 2.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088					4 1 4 7		
DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410	REQUEST F	OR ALLOWAE	BLE AND A	UTHORIZ	ATION		•	
	/ TOTR/	ANSPORT OIL	ANU NA I	UHAL GA	O Wall A	PI No.		
Operator OXY USA Inc. /	/ 			<del></del>			7-212	86
P.O. Box 50250	Midland,	TX. 79710				-		
Reason(s) for Filing (Check proper box)			X Other	(Please explai	n)			
New Well		a Transporter of:	Tride	ent NGL s	sold th	e Burton	Flats	Gas
Recompletion	Oil _	Dry Gas		to Amo				
Change in Operator	Casinghead Gas	Condensate						
change of operator give name and address of previous operator								<del></del>
L DESCRIPTION OF WELL	AND LEASE							
Lesse Name Covernment Af	Com Well No.	Pool Name, Includi Burton f	ing Formation	Morrou		of Lease Federal or-Fed		95/
Location	: 660	_ Feet From The 🗘	South Line	and 19	80 Fe	et From The	Wa	Line
Unit Letter		_			<u> </u>	(		Country
Section 23 Townshi	, 205	Range 2	8E, NM	IPM,	Ede	19		County
III. DESIGNATION OF TRAN	SPORTER OF C	IL AND NATU	RAL GAS					
Name of Authorized Transporter of Oil	or Coade	neste X	Address (Give	address to wh	ich approved	copy of this f	orm is to be se	ni)
Scurlock Permian Corp	D.		P.O. Bo	ox 1183	Housto	n, TX.	77210	
Name of Authorized Transporter of Casin		or Dry Gas X	Address (Give	address to wh				nt)
Amoco Production Co.	P.O. Box 21198 Tulsa, OK. 74121							
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.   Rge.   20   28	Is gas actually connected? When ?					
If this production is commingled with that	from any other lease of	r pool, give comming	ling order numb	er:				
V. COMPLETION DATA							·	<b>5:23</b> to
Designate Type of Completion	- (X) Oil We	II Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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	<u> </u>				Depth Casing Shoe			
* *** *** **** ****				10 5505		<u> </u>		
	TUBINO	, CASING AND	CEMENTI	NU KECUR	ַע	1	SACKS CEM	FNT
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SAONO OLINCITI		
	CT POD ALLOW	VADI E						
V. TEST DATA AND REQUE OIL WELL (Test must be after	recovery of total volum	e of load oil and mus	n be equal to or	exceed top allo	wable for th	is depth or be	for full 24 hou	ors.)
Date First New Oil Run To Tank	Date of Test		Producing Me	shod (Flow, pu	mp, gas lift,	etc.)		
Length of Test	Tubing Pressure	Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.			Gas- MCF			
			<u> </u>					
GAS WELL	Length of Test		Bbls. Conden	sate/MMCF		Gravity of	Condensate	
Actual Prod. Test - MCF/D	renkru or tear	Dots, Concommentation						

## VL 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 David Stewart

Printed Name

Date

Testing Method (pitot, back pr.)

Prod. Acct. Title

915-685-6717 Telephone No. OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_ By\_

Choke Size

Title\_

Casing Pressure (Shut-in)

- 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
- 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.

Tubing Pressure (Shut-in)