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

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

011 31 '89

ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator OXY USA Inc.		Well API No. 30-015-21337
Address P.O. Box 50250 Midland, Tx. 79710		
<input checked="" type="checkbox"/> Other (Please explain)		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input 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"/>
Completed add'l Morrow - Request Allowable		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elizondo A Federal	Well No. 2Y	Pool Name, including Formation Burton Flat Morrow	Kind of Lease State, Federal or BLM	Lease No. SW962
Location Unit Letter K : 1880 Feet From The South Line and 1780 Feet From The West Line Section 21 Township 21S Range 27E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Permian Corporation	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, Tx. 77251-1183
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Co.	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, Tx. 79978
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 21
	Twp. 21S	Rge. 27E
Is gas actually connected?	When? 12/21/74	

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 9/11/89	Date Compl. Ready to Prod. 10/20/89	Total Depth 11742'	P.B.T.D. 11705'					
Elevations (DF, RKB, RT, GR, etc.) 3194' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 11113'	Tubing Depth 11033'					
Perforations 11113' - 11684'			Depth Casing Shoe 11742'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
26"	20"	394'	780					
17-1/2"	13-3/8"	1654'	2675					
12-1/4"	9-5/8"	3005'	1475					
8-3/4"	5-1/2"	11742'	1100					

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 502	Length of Test 10 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate ----
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (Shut-in) 2400#	Casing Pressure (Shut-in)	Choke Size 25/64

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 Dist. Oper. Mgr. - Prod.  
Printed Name  
10/27/89  
Date (Prepared by David Stewart) Telephone No. 915-685-5717

OIL CONSERVATION DIVISION

Date Approved NOV 6 1989  
By  
Title

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.