Section 15 Township					MPM,	Edd	У		Court
IL DESCRIPTION OF WELL A Lesse Name Government AC () Location Unit Letter N	6m	Well No. P 1 B	ol Name, includ urton Fla et Prom The	t Wolfca			of Lease Federal of Fil et From The		41 2
If change of operator give same and address of previous operator									
New Well 1	Oil		nasporter of: ny Ges 🛛	Nai	me Change	e			
Address P.O. Box 50250 Resson(s) for Filing (Check proper box)) Mid	lland, T	x. 79710	X Othe	x (Please copia	in)			
L Operator OXY USA Inc. ,	1	O TRAN	SPORT OI	AND NA	TURAL GA		JPI No. 30-	-015-214	32
1000 Rio Benzos Rd., Aziec, NM \$7410									
DISTRICT II P.O. Drawer DD, Antonia, NM \$1210 DISTRICT III	(NSERVA P.O. B I Fe, New M	ox 2088			O. C. D		
Suburit 5 Conies Appropriate District Office <u>DISTRECT 1</u> P.O. Box 1980, Hobbs, NM 88240					•	N	OV 41	991at Bette	n of Pa
		ineryy, Mir	erals and Nat	ural Resourc	as Dep. e	int.	RECEIVEI) Ferm C Review	1-1-0

Line

County

Diff Res'v

TEST DATA AND REQUEST FOR ALLOWABLE

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 - Bbla.	Gas- MCF		

GAS	WELL
-----	------

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
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.			OIL CONSERVATION DIVISION Date Approved		
Signature David Stewart	Production Accounta	By			
Printed Name	Title				
<u>10/31/91</u> Date	915-685-5717 Telephone No.	-			

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) Senarate Form C-104 must be filed for each nool in multiply completed wells