Submit 5 Copies
Appropriate District Office
DISTRICT I
P.C. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

1111 1 1 100 C. 1 - C.

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L.	T	O TRANS	PORT OIL	AND NAT	URAL GA	<u>\S</u>	W N			
Oxy.USA Inc.			Well A	0-015-21432						
Address		163 31 am d	mv 70	710						
P.O. Box 5025 Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		Midland Change in Trac Dry Gas Co	asporter of:	∑ Oube Tride	ent NGL s to Amod	sold the		Flats 0	as	
if change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEA	SE	ol Name, Includir	na Formation		Kind o	(Lease		zane No.	
Government A	Com	/ N	Burton	Flats 1	Volta		Federal or Fed	SRM	1412	
Location Unit Letter	: 66	<u> </u>	et Prom The	South Line	and	80_F	et From The	West	Line	
Section 15 Township	205	S Ra	nge 28	BE, N	лРМ,	to	144		County	
III. DESIGNATION OF TRANS	SPORTER	OF OIL		RAL GAS	adres to wi	hich approved	come of this f	orm is to be se	nt)	
Name of Authorized Transporter of Oil or Condensate XX Address (Give address to which approved copy of this form is to be sent) Roch Oil Co. P.O. Box 2256 Wichita, KS. 67201										
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)									
Amoco Production Co.				P.O. Box 21198 Tulsa, OK. 74121 Is gas actually connected? When?						
If well produces oil or liquids, give location of tanks.	ocation of tanks. N 15 20 28			405						
If this production is commingled with that f	rom any othe	r lease or pool	, give comming!	ing order numi	er:					
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	D. C. I Berly to Bad			Total Depth			P.B.T.D.			
•	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Depth Casing Shoe				
Perforations					'				Casing Since	
	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE			CEMENTING RECORD DEPTH SET			SACKS CEMENT			
HOLE SIZE	ING & TUBI	NG SIZE	DEF ITI GET							
							ļ			
	ļ									
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE	I						
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Tes	ial volume of l	oad oil and must	be equal to or Producing M	exceed top all ethod (Flow, p	owable for thi ump, gas lift, i	s depth or be uc.)	for full 24 hou	σs.)	
				Casing Press	100		Choke Size	Choke Size		
Length of Test	Tubing Pressure						Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			OB- MCr			
GAS WELL				Thur Area	ente A A I PC		Gavity of	Condensate		
Actual Prod. Test - MCF/D	Length of	Cest		Bbls. Condensate/MMCF						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-m)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPL	IANCE		OIL COI	NSERV	ATION	DIVISIO	NC	
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.				Date Approved						
Wil Stiff				Ву						
Signature David Stewart Prod. Acct.										
Printed Name 7/13/93 Date	915	-685 - 571	itle 7 one No.	Title						

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.