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

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

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

Form C-104
Revised 1-1-89
See Instructions
at back of page

MAR 26 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

Operator OXY USA Inc.	Well API No. 3001521514
Address P O Box 50250 Midland, TX 79710	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government AC	Well No. 2	Pool Name, including Formation East Burton Flat Morrow	Kind of Lease State , Federal or State	Lease No. NMLC050797
Location Unit Letter F : 1800 Feet From The North Line and 1800 Feet From The West Line Section 13 Township 20S Range 28E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P O Box 2256 Wichita, KS 67201	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	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 F	Sec. 13
	Twp. 20S	Rge. 28E
	Is gas actually connected? yes	When? 2-09-90

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			X
Date Spudded 1-17-90	Date Compl. Ready to Prod. 1-29-90		Total Depth 11610'		P.B.T.D. 11319'			
Elevations (DF, RKB, RT, GR, etc.) 3255'	Name of Producing Formation Morrow		Top Oil/Gas Pay 10940'		Tubing Depth 10857'			
Perforations 10940'-11282'					Depth Casing Shoe 11380'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		900'		775 sx.			
12-1/4"	9-5/8"		3000'		1100 sx.			
8-3/4"	5-1/2"		11380'		1000 sx.			
	2-7/8"		10857'					

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 80	Length of Test 24	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 1500#	Casing Pressure (Shut-in)	Choke Size Full

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 D. Charles Thomas
Printed Name D. Charles Thomas Supervisor-Prod. Acctg
Title
Date 3-22-90 (915) 685-5717 Telephone No.
(Prepared by David Stewart)

OIL CONSERVATION DIVISION

Date Approved JUN 26 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.