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

State of New Mexico
Geology, Minerals and Natural Resources Department

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

RECEIVED

JUL 15 1991

O. C. D.
ARTESIA, OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator OXY USA Inc.		Well API No. 30-015-21631	
Address P.O. Box 50250 Midland, TX. 79710			
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)			
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Re-Entry
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 Tracy D	Well No. 1	Pool Name, Including Formation Burton Flat Morrow	Kind of Lease Shut-in/Production Fee	Lease No.
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>33</u> Township <u>21S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas		P.O. Box 1492 El Paso, TX. 79978				
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 33	Twp. 21	Rge. 27	Is gas actually connected? Yes	When? 6/18/91

If this production is commingled with that from any other lease or pool, give commingling order number:

CTB-355

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						
Date Spudded 1/18/91	Date Compl. Ready to Prod. 3/15/91		Total Depth 11575'		P.B.T.D. 11540'			
Elevations (DF, RKB, RT, GR, etc.) 3119'	Name of Producing Formation Morrow		Top Oil/Gas Pay 11133'		Tubing Depth 11089'			
Perforations 11133'-11441'					Depth Casing Shoe 11575'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		400'		500			
12 1/4"	9 5/8"		3000'		1000			
8 3/4"	5 1/2"		11575'		1300			
	2 3/8"		11089'					

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.)

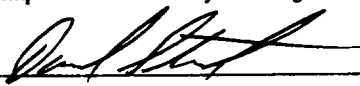
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 1733	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate ----
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 3165#	Casing Pressure (Shut-in)	Choke Size 39/64

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 
Printed Name David Stewart Title Prod. Acct.
Date 7/11/91 Telephone No. 915-685-5717

OIL CONSERVATION DIVISION

Date Approved JUL 18 1991

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.