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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  
Oil 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  
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**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator OXY USA Inc. /	Well API No. 3001526253
Address P.O. Box 50250 Midland, TX. 79710	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> ARTESIA OFFICE Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 W	Well No. 2	Pool Name, Including Formation Burton Flat Wolfcamp, N.	Kind of Lease State, Federal or <del>Other</del> <input checked="" type="checkbox"/>	Lease No. NMNM0528964
Location Unit Letter <u>0</u> : <u>990</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>22</u> Township <u>20S</u> Range <u>28E</u> , NMPM, Eddy County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corp. SCURLOCK PERMIAN CORP EFF 9-1-91	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, TX. 77251					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> OXY USA Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 50250 Midland, TX. 79710					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 22	Twp. 20S	Rge. 28E	Is gas actually connected? Yes	When? 6/29/90

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
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 2/19/90	Date Compl. Ready to Prod. 6/29/90		Total Depth 11492'		P.B.T.D. 11446'			
Elevations (DF, RKB, RT, GR, etc.) 3228.6'	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9114'		Tubing Depth 9684'			
Perforations 9114'-9317' Total of 78 holes					Depth Casing Shoe 11492'			

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	603'	650 Post ID-2
12-1/4"	8-5/8"	3000'	1600 8-3-90
7-7/8"	5-1/2"	11492'	800 camp & BK
	2-3/8"	9684'	

**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 1212	Length of Test 1	Bbls. Condensate/MMCF 57	Gravity of Condensate 48.7
Testing Method (pilot, back pr.) Back pr	Tubing Pressure (Shut-in) 1720	Casing Pressure (Shut-in) -----	Choke Size 24/64

**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 D.R. Stewart Prod. Acct. \_\_\_\_\_  
Printed Name 7/30/90 Title 915-685-5717  
Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

**OIL CONSERVATION DIVISION**

Date Approved JUL 30 1990

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

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.