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

State of New Mexico  
 Energy, Minerals and Natural Resources Department

Form C-104  
 Revised 1-1-89  
 See Instructions  
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**OIL CONSERVATION DIVISION**

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

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

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

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

Operator OXY USA Inc.		Well API No. 30-015-27839
Address P.O. Box 50250 Midland, TX. 79710		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) Request permission to produce & sell approximately another 1500 bbl. oil while testing well.
Change in Transporter of: 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 S	Well No. 3	Pool Name, Including Formation Old Millman Ranch Bone Springs Assoc.	Kind of Lease <del>State</del> Federal or <del>State</del>	Lease No. NMNM9818
Location Unit Letter 0 : 810 Feet From The South Line and 1980 Feet From The East Line Section 3 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"/> Scurlock Permian Corp.	Address (Give address to which approved copy of this form is to be sent) Box 4648 Houston, TX. 77210-4648			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> AMOCO Production Company	Address (Give address to which approved copy of this form is to be sent) Box 3092 Houston, TX. 77253			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 3	Twp. 20S	Rge. 28E
Is gas actually connected? Yes			When? 3/8/94	
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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 2/9/94	Date Compl. Ready to Prod.		Total Depth 6550'		P.B.T.D. 6530'			
Elevations (DF, RKB, RT, GR, etc.) 3270'	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 6254'		Tubing Depth 6173'			
Perforations 6254'-6515'				Depth Casing Shoe 6550'				

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	413'	415
11"	8 5/8"	3015'	1450
7 7/8"	5 1/2"	6550'	725

**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 3/6/94	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Signature   
 Printed Name David Stewart Regulatory Analyst Title  
 Date 3/9/94 Telephone No. 915-685-5717

**OIL CONSERVATION DIVISION**

Date Approved FEB 10 1994  
 By \_\_\_\_\_  
 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.