

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

OIL CONSERVATION DIVISION

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

MAR 15 1994

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) <input type="checkbox"/> Other (Please explain)			
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input 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 S	Well No.	3	Pool Name, Including Formation	Old Millman Ranch Bone Springs	Kind of Lease	State, Federal or XXX	Lease No.	NMNM9818	
Location	Assoc.									
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"/>	Address (Give address to which approved copy of this form is to be sent)				
Scurlock Permian Corp.		P.O. Box 4648 Houston, TX. 77210-4648				
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
AMOCO Production Company		P.O. Box 3092 Houston, TX. 77253				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	0	3	20S	28E	Yes	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
2/9/94	3/6/94		6550'		6533'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3270'	Bone Springs		6254'		6173'			
Perforations					Depth Casing Shoe			
6254' - 6515'					6550'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	413'	415 Part ID-2
11"	8-5/8"	3015'	1450 4-1-94
7-7/8"	5-1/2"	6550'	725 cement
	2-7/8"	6173'	Back

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.)	
3/6/94	3/10/94	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24HR	550#	0	30/64
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
	1030	172	1017

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 David Stewart
Printed Name David Stewart Regulatory Analyst
Date 3/14/94 Title 915-685-5717
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 18 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.