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

Energy, Minerals and Natural Resources Der Thent

RECEIVED

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

MAY 03:94

DISTRICT III		
1000 Rio Braz	os Rd., Aztec, NM	87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1000 Rio Brazos Rd., Aztec, NM 87410 L.	REQ				BLE AND IL AND NA			AS	ARTESIA, C	D. OFFICE		
OXY USA Inc.	<u> </u>					Well A				API No. 30-015-27847		
Address P.O. Box 50250	Mi	dland,	TX	79710)							
Reason(s) for Filing (Check proper box) New Well Recompletion	Oil	Change in	Transp Dry G		Oth	et (Plea	se explo	un)				
Change is Operator	Caninghe	ad Gas 🗌	Conde	_								
If change of operator give name and address of previous operator												
IL DESCRIPTION OF WELL	AND LE	ASE										
Lease Name	· * * * * * * * * * * * * * *	Well No.	Pool 1	Name, Inch	ding Formation	Dom o	Com	Kine	d of Lease K, Federal or Fe	y L	esse No.	
Government AB		7	014	MILL LINE	in Ranch	ьопе	Ass		a, reutati ui 44a	NMNM	15003	
Unit LetterC	_ :6	60	Feet F	rom The	North Lin	e and _	198	0	Feet From The	West	Line	
Section 10 Townshi	i p 20	s	Range	281	E , N	мрм,]	Eddy		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)												
Scurlock Permian Co	rp.				Box 46				TX 77			
Name of Authorized Transporter of Casin	~		or Dry	Gas [1			• •	ed copy of this fo		ent)	
AMOCO Production Co. If well produces oil or liquids, give location of tanks.	Unit	Sec. 1.0	Twp.	Rge	Box 30	у соплес		ouston Whe		253 /9/		
If this production is commingled with that	from any ot								4/2	1.29		
IV. COMPLETION DATA Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Work	wer	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded 3/30/94		pl. Ready to 4/21			Total Depth	I	659	l o'	P.B.T.D.	6545 ¹	.1	
Elevations (DF, RKB, RT, GR, etc.)	1	roducing Fo	rmation		Top Oil/Gas	Pay	•	<u> </u>	Tubing Dept	h		
3273 *	В	one Sp	rings	s	<u> </u>		628	4'	Darth Casia	6185 Depth Casing Shoe		
62841-648	83'								Depui Casini	6590 '		
					CEMENTI			D	<u> </u>			
HOLE SIZE 17 1/2"	CA	13 3/3		SIZE	 	DEPTH 400				SACKS CEMENT, 415 Port 77)-7		
11"		8 5/8				3006				1350 7-1-94		
7 7/8"		5 1/:	2"			6590			7	750 cmg + B/9		
TO THE PARTY AND DECLINE	T FOD	2 7/				6185	t					
V. TEST DATA AND REQUES OIL WELL (Test must be after r					t be eaual to or	exceed t	oo allo	wable for th	is depth or be fo	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Producing Me							
4/21/94			8/94		Flow				(0)	Choke Size		
Length of Test	Tubing Pressure		Casing Pressure			Choke Size	40/64					
24hrs Actual Prod. During Test	340 Oil - Bbls.		Water - Bbls.				Gas- MCF					
		32.	5		<u> </u>		75			163		
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF				Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation			OIL CONSERVATION DIVISION									
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				MAY 1 6 1994								
				Date Approved								
- Vals	n				By				nreTi	RICTIL		
Signature David Stewart Regulatory Analyst Tile			SUPERVISOR, D									
Printed Name Title 5/2/94 915-685-5717				Title								
Date		Telep	ohone N	lo.			.;					

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.