

OIL CONSERVATION DIVISION

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

MAY 16 '94

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION O. C. D.  
TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

Operator	OXY USA Inc.	Well API No.	30-015-27885
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 8617	Well No.	5	Pool Name, Including Formation	Old Millman Ranch Bone Springs	Kind of Lease	State, Federal or Foreign	Lease No.	NMNM9818
Location	Assoc.								
Unit Letter	G	1880	Feet From The	North	Line and	2130	Feet From The	East	Line
Section	3	Township	T20S	Range	R28E	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.		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 Co.		Box 3092 Houston, TX 77254				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	G	3	20S	28E	Yes	5/9/94

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.			
4/12/94	5/5/94		6600'		6554'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3277'	Bone Springs		6266'		6159'			
Perforations					Depth Casing Shoe			
6266' - 6443'					6600'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		400'		415			
11"	8 5/8"		3000'		1100			
7 7/8"	5 1/2"		6600'		525			
	2 7/8"		6159'					

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.)	
5/5/94	5/11/94	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
5/11/94	510	---	16/64
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
	496	72	310

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.

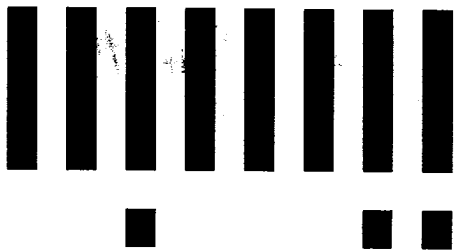
Signature \_\_\_\_\_  
David Stewart Regulatory Analyst  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
5/13/94 915-685-5717  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved May 20 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.



**LTR**



**Job separation sheet**

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, flowing and shut-in pressures, and recoveries):					38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.		NAME	TOP	
						MEAS. DEPTH	TRUE VERT. DEPTH
					Rustler	1304'	
					Delaware	3195'	
					Bone Springs	4404'	
					1st Bone Springs Sand	6260'	



McGEE DRILLING CORPORATION

P.O. Box 2471  
MIDLAND, TEXAS 79702

RECEIVED

MAY 16 10 42 AM '94  
CARR  
ARE

OFF 915 683-2501  
FAX 915 687-0861

May 4, 1994

OXY U.S.A. Inc.  
P.O. Box 50250  
Midland, Texas 79710

Re: Government AS #5

Gentlemen:

The following is a Deviation Survey on the above referenced well located in Eddy County, New Mexico.

135'	1/4	2704'	1
405'	1/4	3000'	1 1/4
640'	1/2	3474'	1 1/4
887'	3/4	3970'	2
1135'	1	4469'	1 3/4
1381'	1 1/2	4964'	1 1/4
1626'	1 3/4	5168'	2
1968'	1 1/4	5660'	1 3/4
2210'	1 3/4	6159'	1 3/4
2458'	1 1/4	6600'	2 3/4

Sincerely,

G.H. "Mac" McGee  
President

STATE OF TEXAS )  
COUNTY OF MIDLAND )

The foregoing was acknowledged before me this 19th day of April, 1994 by G.H. "Mac" McGee.

MY COMMISSION EXPIRES  
3-2-95

NOTARY PUBLIC