Natrict I 19 Bax 1 960, H e	obba, NM 88	241-1980	State of New Mexico Energy, Minerals & Numiral Resources Department						\sf	Revis	Form C-104 ed February 10, 1994		
Nistric: II 10 Drawer DD, Artenia, NM 88211-8719 Nistrict III			OIL CONSERVATIO PO Box 2				IVISION	1	Instructions on back Submit to Appropriate District Office 5 Copies				
900 Rio Brazos Rd., Aztoc, NM 87410 Vistrict IV			Santa Fe, NM 8				2088		$\langle \gamma \rangle$ (A) AMENDED REPORT				
O Baz 2088, 64			FOR ALLOWABLE AND										
•	RI			LLOWAE		AUT	HORIZ	ATT	ON TO TR	OGRID N			
			OXY USA Inc.						16696				
			P.O. Box 50250						* Reason for Filing Code				
			Midland, TX 79710-025						WW				
'API Number 30-015-29778			Sand Point				ornow		72	'Pool Code 84820			
' Property Code			' Prop							' Well Number			
21441			OXY Prong				n Sta	te					
[]. ¹⁰ S Ujoriotae.			Range Lot.Ids Feet from th			e North/South Line			Feet from the	East/West line County			
VYX			28E	660			South		1650	west Eddy			
¹¹ Bottom Hole Loc													
UL er ist as.	Section	Township	Range	Lot Ida	Feet from t	he .	North/South	line	Feet from the	East/West	line County		
¹¹ Lae Code	¹⁰ Produci	ng Method Coo	1	Connection De	ue ¹⁵ C-12	19 Permit	Number	10	C-129 Effective	Date	" C-129 Expiration Date		
5	i d Caa	F T		1/15/97	<u> </u>								
III. Oil a Transpo		Transport		ransporter Name) <u> </u>	0/G	¹² POD ULSTR Location				
OGRID		- P	and Address Refining Co. 11			» POD ¹¹ O/G			and Description				
01569		ox 159	1 de la companya de					0					
6.000000000000000000000000000000000000	1		NM 88210				And a second						
015629 Natural Bas Pipeline 701 E. 22N2 St.					2820501 6								
g. In the second	Lein L	ombard	TL 60148										
the second s							A CARLON & MARCHINE						
	2010 - 2010 - 20 2010 - 2010 - 20 2010 - 2010 - 2010 - 2010 2010 - 2010 - 2010 - 2010												
adaga an													
IV. Prod	uced W	oter			havenad a	`````` ``				<u> </u>			
	POD			<u></u>	فز	POD UL	STR Location	and l	Description				
	1502												
V. Well Completion Data						" TD			* PBTD		³⁹ Perforations		
9/25/97			1/15/9		12550'			12509		12408-12423			
²⁶ Hole Size		••••••••••••••••••••••••••••••••••••••	" Casing & Tubing Size		ing Size	¹¹ Depth 5		epth S	iet		²³ Sacks Cement		
17'/2"			133/8"					530		600 sx-Circulated			
ויין <u>א</u> ויין אויין וויי ארך ד			<u> </u>			3280							
1.18			2 3/8"			12550				6005x-CBL-9793			
VI. Well	I Test D	ata	4	or to	0	1	12	1 de	,	<u></u>			
³⁴ Date	New Oil	" Gas D	elivery Date		Test Date		" Test Long	th	" Tbg.	Pressure	²⁰ Cag. Pressure		
		<u> </u>	15[57 12[9] "Oil "Water			24 • Gas			3250 "AOF		" Test Method		
* Choke Size 1864			3 2			2159		- AOF 13256		FLWG			
" I hereby certify that the rules of the O			I Conservation Division have been complied			<u> </u>							
with and that the information given above is true and complete to the best of my knowledge and belief.						OIL CONSERVATION DIVISION							
Signature: Ven Stat						Approved by: DRIGIMAL SISPED BY TIM W. GUIA							
Printed name	Davi	id Stewar	rt		DISTRICT II SUPERVISOR								
Title:	Regu	ilatory 2					Approval Date: 1-15-95						
	chance of a	perstor fill in 1	the OGRID	915-685-	5717		Nor						
		· · · · · · · · · · · · · · · · · · ·											
[Previou	Operator Sign	ala re			Pria	lod Name			Tid	le Date		

AMEN	IS AN AMENDED REPORT, CHECK THE BOX LABLED DED REPORT AT THE TOP OF THIS DOCUMENT					
Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.						
A request for ellowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.						
All sections of this form must be filled out for allowable requests on new and recompleted wells.						
Fill out only sections i. II. III. IV. and the operator cartifications for changes of operator, property name, well number, transporter, or other such changes.						
A seba compiet	rate C-104 must be filed for each pool in a multiple son.					
Improperly filled out or incomplete forms may be returned to operators unapproved.						
1.	Operator's name and address					
2.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.					
3.	Reason for filing code from the following table: NW New Well RC Recompletion CH Change of Operator AO Add oil/condensate transporter CO Change oil/condensate transporter AG Add gas transporter CG Change gas transporter RT Request for test allowable (Include volume requested) If for any other reason write that reason in this box.					
4.	The API number of this well					
5.	The name of the pool for this completion					
6.	The pool code for this pool					
7.	The property code for this completion					
8.	The property name (well name) for this completion					
9 .	The well number for this completion					
1 0 .	The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.					
11.	The bottom hole location of this completion					
12.	Lease code from the following table: F Federal S State P Fee J Jicarilla N Navajo U Ute Mountain Ute I Other Indian Tribe					

- The producing method code from the following table: 13. Flowing Pumping or other artificial lift ma þ
- MO/DA/YR that this completion was first connected to a gas transporter 14
- 15. The permit number from the District approved C-129 for this completion
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table: O Oil G Gas 21.

- "Ins ULSTR location of the POD If it is different from the well completion location and a short description of the POD (Example: "Battery A", "Upnes CPD",etc.) Sa ULSTR location of 22.
- 23. The POD number of the storage from which water is moved from this property. If the is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
- The ULSTR location of this POD If it is different from the well completion location and a short description of the POD 24. well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- Plugback verucal depun 28.
- , 29. Top and bottom perforation in this completion or casing shoe and TD if opennois
 - 30. Inside diameter of the well bore
 - 31. Outside diameter of the casing and tubing
 - 32. Depth of casing and tubing. If a casing liner show top and bottom.
 - 33. Number of sacks of cament used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 38 MO/DA/YR that the following test was completed
- 37. Langth in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44 Gas well calculated absolute open flow in MCF/D
 - The method used to test the well:

45

- F Flowing P Pumping S Swabbing If other method please write it in.
- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.