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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

JUN 16 '88

Form C-104
Revised 10-01-78
Format 06-01-83
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION **Q. C. D.**
P. O. BOX 2088
ARTESIA, OFFICE
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
OXY USA Inc. ✓

Address
P.O. Box 50250 - Midland, Texas 79710

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name
and address of previous owner**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Brantley A Com	Well No. 1	Pool Name, including Formation Undes. Loving Atoka, N.	Kind of Lease State, Federal or Fee	Fee	Lease
Location					
Unit Letter J	1980	Feet From The South	Line and 1980	Feet From The East	
Line of Section 7	Township 23S	Range 28E	NMPM,	Eddy	Cour

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
None		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
None		
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?	When	
	Post ID-2	
	6-27-88	
	comp. Atoka	

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)
Lead Petroleum Engineer
(Title)
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 19 1988, 19
BY Original Signed By
Mike Williams
TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R.
			X		X		X		X
Date Spudded - Respudded 5-24-88	Date Compl. Ready to Prod. 6-02-88	Total Depth 12545'			P.B.T.D. 11897'				
Elevations (DF, RKB, RT, GR, etc.) 3038.9' GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 11307'			Tubing Depth 11282'				
Perforations 4 SPF @ 11307, 08, 09, 10, - 43, 44, 45, 46, and 11347'. Total of 40 holes (0.29" dia & 5.46" in in Berea)						Depth Casing Shoe 12545'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		436'		425 sacks (Circulat.				
12-1/4"	9-5/8"		2449'		1550 sacks (Circulat.				
8-1/2"	7"		10940'		1600 sacks (Circulat.				
6-1/8"	5" liner		10614 - 12545'		225 sacks				

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top a able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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 O.F. 18,199	Length of Test 4 hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate -----
Test Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 5767	Casing Pressure (Shut-in) Packer	Choke Size 9, 11, 13, & 15/64"