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

State of New Mexico
 Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

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 DP

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

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

MAR -1 1990

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS

I.

Operator OXY USA Inc. ✓	Well API No. 30-015-25979
Address P.O. Box 50250 Midland, Texas 79710	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) This well was drilled & shut-in, in 1988. A pipeline has been laid and the well is now producing.	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" 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 State EB	Well No. 1	Pool Name, Including Formation East Hess Morrow	Kind of Lease State, Federal or Fee-	Lease No. LM 2083
Location Unit Letter B : 840 Feet From The North Line and 1400 Feet From The East Line Section 2 Township 24S Range 23E, NMPM, Eddy County				

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)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Service Pipeline Company	811 Dallas Suite 1021 Houston, Tx. 77002			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?	When?			
Yes	2/14/90			

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 10/30/88	Date Compl. Ready to Prod. 1/4/89	Total Depth 10757'		P.B.T.D. 10500'				
Elevations (DF, RKB, RT, GR, etc.) 4366.7' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 10316'		Tubing Depth 10187'				
Perforations 10316'-10359'							Depth Casing Shoe 10757'	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		350'		665			
12-1/4"	9-5/8"		2500'		1150			
7-7/8"	5-1/2"		10757'		850			
	2-7/8"		10187'					

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.)	
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 750	Length of Test 24	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 3100#	Casing Pressure (Shut-in)	Choke Size 16/64

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: F. A. Vitrano
 Printed Name: F. A. Vitrano Oper. Mgr. Prod. Title
 Date: 2/23/90 Telephone No. 915-685-5717
 (Prepared by David Stewart)

OIL CONSERVATION DIVISION

Date Approved MAR 6 1990

By ORIGINAL SIGNED BY MIKE WILLIAMS
 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.