

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|--|---|
| 1. OPERATOR | |
| Operator Oxoco Production Corp. | |
| Address 600 Woodway Tower, 4900 Woodway Drive, Houston, Texas 77056 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

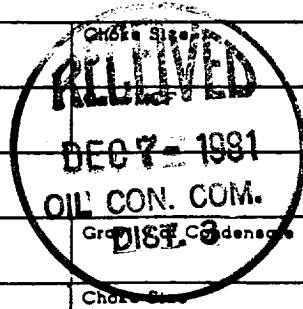
If change of ownership give name and address of previous owner Bixco, Inc., P.O. Box 20864, Phoenix, Arizona 85036

| | | | | |
|--|---------------|---|---|-----------------------|
| II. DESCRIPTION OF WELL AND LEASE | | | | |
| Lease Name Gass | Well No. 1 | Pool Name, Including Formation WAW PC-FR Extension | Kind of Lease State, Federal or Fee Federal | Lease No. NM-33034 |
| Location | | | | |
| Unit Letter <u>A</u> ; <u>790</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>East</u> | | | | |
| Line of Section <u>8</u> Township <u>27N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> County | | | | |

| | | | | | | |
|---|--|------|------|------|----------------------------|---------------------|
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | | |
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> N/A | Address (Give address to which approved copy of this form is to be sent) N/A | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | | | | | No | Est. February, 1982 |
| If this production is commingled with that from any other lease or pool, give commingling order number: <u>N/A</u> | | | | | | |

| | | | | | | | | | |
|--------------------------------------|---|--------------------------------|-------------------|-----------------|----------|--------------|--------------|-------------|--------------|
| IV. COMPLETION DATA | | | | | | | | | |
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | | P.B.T.D. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation As Reported on 12/24/80 Filing | | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | Depth Casing Shoe | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | As Reported on 12/24/80 Filing | | | | | | | |

| | | | |
|---|---|---|------------------|
| 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 Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure As Reported on 12/24/80 Filing | Casing Pressure | |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | |
| GAS WELL | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Grav. Condensate |
| Testing Method (piston, back pr.) | Tubing Pressure (Shut-in) As Reported on 12/24/80 Filing | Casing Pressure (Shut-in) | Choke Size |



| | | | |
|--|--|---|--|
| VI. CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION DIVISION | |
| 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. | | APPROVED <u>DEC 7 1981</u> , 19 | |
| BY <u>Wanda E. Richmond</u> (Signature) Regulatory and Production Coordinator (Title) <u>12/3/81</u> (Date) | | Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT #3 | |
| | | TITLE _____ | |
| | | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable 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 multiply completed wells. | |