

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator OXY USA Inc.		Well API No. 30-025-20253
Address P.O. Box 50250 Midland, TX. 79710		CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>10-20-91</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" 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		THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONSENT NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State K	Well No. 6	Pool Name, Including Formation Vacuum Yates <i>R-9615</i>	Kind of Lease State, Leasehold	Lease No. B1482
Location Unit Letter <u>G</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>1750</u> Feet From The <u>East</u> Line Section <u>27</u> Township <u>17S</u> Range <u>35E</u> , <u>NMPM</u> , Lea 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"/> Koch Oil Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2256 Wichita, KS. 67201					
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)					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 27	Twp. 17S	Rge. 35E	Is gas actually connected? No	When?

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 X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded 7/31/91	Date Compl. Ready to Prod. 8/20/91		Total Depth 6270'		P.B.T.D. 3380'			
Elevations (DF, RKB, RT, GR, etc.) 3930'	Name of Producing Formation Yates		Top Oil/Gas Pay 3022'		Tubing Depth 3223'			
Perforations 3022'-3124'					Depth Casing Shoe 6269'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		352'		360			
11"	8 5/8"		2999'		1700			
7 7/8"	5 1/2"		6269'		810			
	2 3/8"		3223'					

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 8/20/91	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Pump 2"X 1 1/4"X 20' BHD	
Length of Test 24	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil - Bbls. 31	Water - Bbls. 9	Gas- MCF 125

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*
Printed Name David Stewart Prod. Acct. _____
Date 8/20/91 Title 915-685-5717
Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved SEP 04 1991
By _____
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

SEP 03 1997

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