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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

Santa Fe			
File			
Transporter			
Operator			

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator OXY USA Inc. ✓	Well API No. 30-015-22019
Address P. O. Box 50250, Midland, TX 79710	
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"/>

RECEIVED

MAY 15 '89

If change of operator give name  
and address of previous operator

O. C. D.

ARTESIA, OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government AB	Well No. 4	Pool Name, Including Formation Burton Flats, Morrow	Kind of Lease State, (Federal) or Fee	Lease No. NM 15003
Location Unit Letter L : 2105 Feet From The South Line and 760 Feet From The West Line Section 9 Township 20S Range 28E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	P. O. Box 1183, Houston, TX 77001
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)
OXY USA Inc.	P. O. Box 300, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When ?
	L   9   20S   28E   yes   3-2-89

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			X
Date Spudded 2-8-89	Date Compl. Ready to Prod. 2-28-89	Total Depth 11290'	P.B.T.D. 11240'					
Elevations (DF, RKB, RT, GR, etc.) 3282.7' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 10965'	Tubing Depth 10851'					
Perforations 1 SPF @ 10965', 66', 80', 81', 83', 87', 89', 91', 94', 95', 96', 11000', 01', 17', 18', 19', 28', 33', 34', 41', 54', 55', 11056'	Depth Casing Shoe 11290'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		600'		550			
12-1/4"	8-5/8"		3015'		1600			
7-7/8"	5-1/2"		11290'		750			
	2-3/8"		10851'					

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)

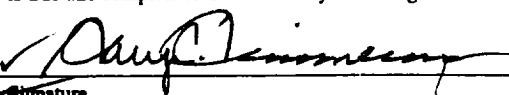
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		P+19 well 6-9-89 comp mtr.	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 1274	Length of Test 4	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back pr.	Tubing Pressure (Shut-in) 3266	Casing Pressure (Shut-in)	Choke Size 17/64

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 Dist. Oper. Mgr. - Prod.  
Printed Name Title  
5-11-89 915-685-5717  
Date Prepared by David Stewart Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 6 1989  
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.

