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

OIL CONSERVATION DIVISION

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**

I.

Operator OXY USA Inc.	Well API No. 16696	30-015-21593
Address P.O. Box 50250 Midland, TX 79710		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain)		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Colonia A	Well No. 1	Pool Name, Including Formation Undesignated Strawn	Kind of Lease Sole, Partial or Fee	Lease No.
Location Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>18</u> Township <u>22S</u> Range <u>27E</u> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Scurlock Permian Corp.	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648 Houston, TX 77210-4648
Name of Authorized Transporter of Casinghead Gas Transwestern Pipeline Co.	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188 Houston, TX 77251
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. K 18 22S 27E	Is gas actually connected? When? Yes 5/13/94

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		X
Date Spudded 5/3/94	Date Compl. Ready to Prod. 5/13/94	Total Depth 11790'	P.B.T.D. 11320'					
Elevations (DF, RKB, RT, GR, etc.) 3156'	Name of Producing Formation Strawn	Top Oil/Gas Pay 10688'	Tubing Depth 10642'					
Perforations 10688' - 10704'		Depth Casing Shoe 11790'						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		360'		375			
12 1/4"	9 5/8"		5273'		1825			
8 3/4"	5 1/2"		11790'		1100			
	2 7/8"		10642'					

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 1452	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate ----
Testing Method (pilot, back pr.) Back Pr	Tubing Pressure (Shut-in) 1775	Casing Pressure (Shut-in) ---	Choke Size 24/64

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 David Stewart
Printed Name David Stewart Title Regulatory Analyst
Date 6/13/94 Telephone No. 915-685-5717

OIL CONSERVATION DIVISION

Date Approved JUN 23 1994
By _____
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.