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

State of New Mexico Livergy, Minerals and Natural Resources Departme...

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

I.

Santa Fe, New Mexico 87504-2088

I.	•	TO TRAN	SPORT OI	L AND NATUR	RAL GA	AS				
Operator Oxy USA, Inc.				API No. -025- 05534						
Address	Midlan	a mv	79710							
PO Box 50250, Reason(s) for Filing (Check proper box		<u>u, 1</u>		Other (P)	ease expla	.:.\				
New Well	•)	Change in Tr	ansporter of:	Other (7)	euse expu	1	INE			
Recompletion	Oil	~—	ry Gas	Efi	ecti	ve Pob	<u> </u>	1, 199	3	
Change in Operator	Casinghea	_	ondensate							
If change of operator give name and address of previous operator S				, PO Box	3531,	Midla	ind, TX	7970	2	
II. DESCRIPTION OF WEL	I AND IE	. 010								
Lease Name	L AND LEA		ool Name, Includ	ing Formation		Vind	of Lease	1	Ma	
							of Lease No. Federal or Fee B-153-1/2			
Unit LetterK	: 1980)F	set From The S	outh Line and	1980	Fe	et From The	West	Line	
Section 33 Town	ship 18S	R	ange 37E	, NMPM	Le	a			County	
III. DESIGNATION OF TRA	NCDADTE	D OE OII	A NIDA NI A TITI	DAT CAS						
Name of Authorized Transporter of Oil		or Condensat		Address (Give add	ress to wh	ich approved	come of this f	orm in to be a		
Koch Oil Company	25			PO Box 1					•	
warren Petroleum Corp GPM GPM GPM GPM GPM GPM GPM GP				Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762					int)	
If well produces oil or liquids, give location of tanks.		•	vp. Rge.	Is gas actually connected? When			17			
	M		9S 37E	Yes				1957		
If this production is commingled with th IV. COMPLETION DATA	at from any other		, give comming	ing order number:						
Designate Type of Completion	n - (X)	Oil Well	Gas Well	New Well Wo	rkover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to Pr	od.	Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations		Depth Casing Shoe								
	277	UDDIC C	A CINIC AND	CELCENETIS I	rcont					
HOLE SIZE		TUBING, CASING AND				<u> </u>	T	11010 0511		
1,000 3,20		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
	 									
			·			w=				
V. TEST DATA AND REQUI				h	4 4 11 -	-11.6.4	<u> </u>			
Date First New Oil Rus To Tank	Date of Test		oaa ou aha musi	be equal to or excee				or full 24 hour	<u>s.)</u>	
	Date of Tesa	•		Troubling thouses (. 1011, p.	φ, გω 191, ε	,			
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF		
GAS WELL										
Actual Prod. Test - MCF/D	Length of To	esi		Bbls. Condensate/N	IMCF		Gravity of C	ondensate		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
reading frictions (paids, deals pr.)	Tooling Treesure (Silm-m)			Called Trouble (Granta)			Cloke Size			
VI. OPERATOR CERTIFIC	CATE OF	COMPLI	ANCE		00:	<u> </u>				
I hereby certify that the rules and reg				OIL	CON	SERVA	ATION	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							A	•		
_	1			Date App	proved	JUL.	0.9 199	3		
(at 1/1										
Signature Tond Monogram				By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Pat McGee Land Manager Printed Name / Title				Title						
6/8/93	915	<u>/685-5</u>	600	Title						
Date		Telephor	se No.							

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.