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

## State of New Mexico \_\_nergy, Minerals and Natural Resources Department

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

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., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.	10	111/111	<u> </u>	-71110 117	11311/12 0/		51.11				
Oxy USA, Inc.							PINO. -025 <b>-</b> 05!	536			
Address		<del></del>	<del></del>								
PO Box 50250, M	Midland,	ΤX	79710								
Reason(s) for Filing (Check proper box)	_		Other (Please explain) JWE								
New Well Change in Transporter of:  Recompletion Oil Dry Gas					Effective Formular 1, 1993						
Recompletion	Oil Casinghead Ga		ndensate				<del>-</del> ·				
If change of operator give name	go Oper			DO P	3531	Midla	 nd тх	79702			
and address of previous operator <u>S11</u>	go Oper	ating	, Inc.,	РО ВС	JX 3331,	MIUIA	ilu, IX	73702			
II. DESCRIPTION OF WELL			-1 Nl I141	F		TV:-1-					
Lease Name East Eumont Unit	ng Formation Yates		1	Kind of Lease State, Federal or Fee  Fee  Lease No.							
Unit Letter M	880 Feet From The South Line and 660 Feet						et From The	est ———	Line		
Section 33 Township	18S		nge 37E		MPM, LE	ea			County		
III. DESIGNATION OF TRANS	SPORTER C	F OIL	AND NATU	RAL GAS	}						
Name of Authorized Transporter of Oil		Condensate		Address (G	ive address to w		copy of this form				
Koch Oil Company	· · · · · · · · · · · · · · · · · · ·		PO Box 1558, Breckenridge, TX 76024								
Name of Authorized Transporter of Casinghead Gas X or Dry Ga Warren Petroleum Corp CPM				4001	x 1589, Penbrook	hick approved . Odes	aproved copy of this form is so be sent) Odessa, TX 79762				
If well produces oil or liquids, give location of tanks.	Unit Sec. IM 3	•	p.   Rge. 9S  37E		lly connected?	When					
If this production is commingled with that fi	rom any other lea			ing order nur	nber:						
IV. COMPLETION DATA						,			·····		
Designate Type of Completion -		l Well	Gas Well	New Well	Workover	Deepen	Plug Back   Sar	ne Res'v	Diff Res'v		
Date Spudded	ady to Pro	vd.	Total Depth		•	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Produc	ing Forma	tion	Top Oil/Gas	Pay		Tubing Depth				
Perforations	<u> </u>			Depth Casing Snoe							
	TUR	NG CA	SING AND	CEMENT	ING RECOR	D					
HOLE SIZE		& TUBIN		CENTERN	DEPTH SET		SAC	KS CEME	NT		
V. TEST DATA AND REQUES' OIL WELL (Test must be after re				be equal to o	e exceed top alle	owable for this	depth or be for t	ull 24 hour	 		
Date First New Oil Run To Tank		lethod (Flow, pu			5. 7.0						
							(A) (L) (A)				
Length of Test	Tubing Pressure			Casing Press	stre		Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbl	L.		Gas- MCF				
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 CERTIFICA	ATE OF CO	)MPI I	ANCE								
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					JUL <b>0 9 1993</b>						
is true and complete to the best of my knowledge and belief.					e Approve	d					
(/ab/11/4/h.											
Signature					By ORIGINAL SIGNED BY JERRY SEXTON						
<u> </u>	Land					DISTRICT	SUPERVISO	K			
Printed Name	915/6	Til 585 <b>–</b> 5		Title							

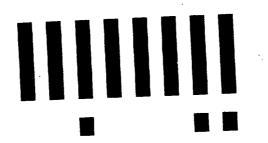
INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.







Job separation sheet

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P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	OTHA	NSP	OKI OII	- AND NA	I ONAL G		Well Al	PI No.	<del></del>		$\neg$
Operator									125.	055	3/2	
Sirgo Operating, I	nc.							ےں	101.	<u>~~~</u> ,		$\dashv$
Address			797	0.2								
P.O. Box 3531, Mid	land, 1	exas	191	02	Oth	er (Please exp	lain)	<del></del>				
Reason(s) for Filing (Check proper box)		Change in	Tenery	orter of:	L							
New Well			Dry G			Effe	ctive	e 6-1	L <b>-</b> 90			
Recompletion	Oil Casinghead		Conde									
CIMIXE III OPCIANA —					/.01 Amt.	oois No	rz Mo	vi co	88211-	0481		
and address of previous operatorMo	rexco,	Inc.,	P.0	. Box	481, Art	esta, ne	w He.	AICO	00211			
II. DESCRIPTION OF WELL	AND LEA	SE	•									
Lease Name	BID DELL	Well No.	Pool N	lame, Includ	ling Formation	ng Formation			Lease	1 Y. "	ase No.	
East Eumont Unit	ļ	7	Eum	ont-Ya	tes-SR-Q				State, Federal or Fee 100			
Location					,	,	1			1.1		
Unit Letter	. 88	<u> </u>	Feet F	rom The _	Cio	e and	60	F∝	t From The _	_W	Lin	16
Omi Least	1 /7	)					T				County	
Section 33 Township	18		Range	37E	, N	мрм,	Lea				County	
III. DESIGNATION OF TRAN	SPORTE	OF OI	LAN	TAN U	RAL GAS	ue address to	uhich an	proved	copy of this for	rm is to be se	nt)	
Name of Authorized Transporter of Oil	[X]	or Conden	sale			Address (Give address to watch approved copy of the form to						
Koch Oil Company					P.O. BO	P.O. Box 1558, Breckenridge, TX 76024  Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casing Warren Petroleum Cor	head Gas		or Dŋ			ov 1589	$T_{11}$	sa, (	OK 74102	~ ~ ~ ~ ~ ~		
Phillips 66 Natural	<del>.CasCo</del>				Is gas actual	enbrook,	<del>- 0de</del> i	Whed.	Tx 797	<del>62</del>		
If well produces oil or liquids,	l nmr i	Sec.	Twp.				!	7	957			i
give location of tanks.	M	3	<u> 198</u>		1 60		1		757			
If this production is commingled with that i	from any other	r lease or	pool, g	ive commin	ging order hum	iber:						
IV. COMPLETION DATA		louve		Gas Well	New Well	Workover	De	ерев	Plug Back	Same Res'v	Diff Res'v	v
Designate Type of Completion	- (20	Oil Well	ļ I	Gas Well	I Hem Hell	1		-p-2	,		Í _	
	Date Comp	Ready to	Prod.		Total Depth				P.B.T.D.			
Date Spudded	Date Comp.	i, i(aa) i										
TI CONTROL DE DE CO ME	Name of Pr	oducing Fo	matio	D	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	, RT, GR, etc.) Name of Producing Formation											
Perforations	<u> </u>								Depth Casing	Shoe		
101101000												{
	T	UBING.	CAS	ING ANI	CEMENT	ING RECO	RD					
HOLE SIZE		SING & TU				DEPTH SET			SACKS CEMENT			
- NOCE GIZE												
	<u> </u>											
									<u> </u>			لـــــــ
V. TEST DATA AND REQUES	ST FOR A	LLOW	ABLE	E						6.21.24 hav	1	
OIL WELL (Test must be after r	ecovery of 10	ial volume	of load	loil and mu	si be equal to o	or exceed top a	llowable	for thu	depin or be j	or juli 24 hou	V3.)	
Date First New Oil Run To Tank	Date of Tes	a a			Producing N	Method (Flow,	рштф, д	as 141, e	16.)			
					Carina Proc	Casing Pressure				Choke Size		
Length of Test	Tubing Pressure			Casing Fres								
				Water - Bbl	Gas- MCF							
Actual Prod. During Test	Oil - Bbls.				11201 201	_						
	1	<u>.</u>							<u></u>			
GAS WELL						ensate/MMCF		. <del></del>	Gravity of C	ondensale		
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	ensate/MMCF			Clavity of C	ALCCU SERV		
					- <del>  </del>	(Chin !=)			Choke Size			
lesting Method (pitot, back pr.)	Tubing Pre	ssure (Shu	1-in)		Casing Pres	sure (Shut-in)			Chock Size			
-	]								<u> </u>			
VI. OPERATOR CERTIFIC	'ATE OF	COM	PLIA	NCE		OIL CC	NIOT	-01/	ATION	DIVISIO	NC	
Themby configuration that the rules and regul	lations of the	Oil Conse	rvation			OIL CC	MOE	In v	AHON			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						JUN 1 9 1990						190
is true and complete to the best of my	knowledge a	nd belief.			Dat	e Approv	/ed _					
$\sim$	<u>\</u>	1										
Gonnio (thunter					∥ By.		•					
Signature					by.	0	RIGIN	AL SIC	ONED BY J	ERRY SEX	TON	
Bonnie Atwater Production Tech.							i	DISTRI	CT I SUPER	RVISOR		
Printed Name	014	5/685-	Tide 0878		Title	θ						
June 6, 1990	J.		ephone									
Date					11							

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