Subenit S Copies Appropriate District Office <u>DISTRICT 3</u> P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico E \_\_\_\_\_\_, Minerals and Natural Resources Departmen.

n C-1( 11.1.1 Ĩ

**OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aziec, NM 87410	' REC				BLE AND A		AS I	Federal A	A #1	
Operator OXY USA Inc.								<b>PI No</b> 02528934		
Address P.O. Box 5025	0 Mic	lland, T	rx. 7	9710						
Reason(s) for Filing (Check proper box) New Well  Recompletion Change in Operator If change of operator give same and address of previous operator	Oil	Change in	Transport Dry Gas Condens		This lea Central	Corbin 🤉	ll was u Queen Un	nitized it. Case#10		
IL DESCRIPTION OF WELL		FASE								
Lesse Name Central Corbin Queen		<b>Well No.</b> 101	1		<b>ng Formation</b> een, Cent	ral		of Lease Federal or FWK	NMLCO	<b>29489</b> A
Location Unit LetterB	;	990	. Feet Fro	<b>m The</b>	Worth Line	and <u>198</u>	0 Fe	et From The _	East	Line
Section 9 Towns	hip 183	5	Range	331	<u>,</u> NM	(PM,	Lea	L	,,	County
III. DESIGNATION OF TRA	NSPORT	ER OF O	IL ANI	) NATU						
Name of Authorized Transporter of Oil Texas New Mexico Pip		or Condea	n <b>sate</b> [		Address (Give P.O.Box		hich approved obbs, NM	copy of this for 1 88241	π is to be s	ent)
Name of Authorized Transporter of Cas Conoco Inc.			or Dry C	Jas				copy of this for dland, T	<del>тізю be s</del> X. 79	705
If well produces oil or liquids, give location of tanks.	Unit B	Sec.	185	Rge. 33E	is gas actually		When	7		
If this production is commingled with the		<u>_</u>		l	l ⊻∈ ling order numb		I			
IV. COMPLETION DATA		Oil Well		as Well	New Well	Workover	Deepen	Plug Back	Same Ret'y	Diff Res'v
Designate Type of Completion	n - (X)	X			I THEM WELL	WOLLOVEI		Filly Dick	MIR NO V	
Date Spudded	Date Co	mpl. Ready to			Total Depth			P.B.T.D.	40501	
<u>10/31/84</u> Elevations (DF, RKB, RT, GR, etc.) 3966 '	Name of	3/30/85 Name of Producing Formation Oueen		13825 ' Top Oil/Gas Pay 4228 '			4850' Tubing Depth 4140'			
Performions 4228' - 4238'		2			I			Depth Casing		
					CEMENTIN			·		
HOLE SIZE 17 1/2"	C	ASING & TI	UBING S 3/8"	IZE	DEPTH SET		SACKS CEMENT			
17 1/2 12 1/4"					<u>430'</u> 5100'		3300 sx			
7 7/8"		<u>9 5/8"</u> 5 1/2"			13925'			1		
, , , , , , , , , , , , , , , , , , , ,			<u>+/ 4</u> 7/8"		+	4]40'				<u> </u>
V. TEST DATA AND REQUI		ALLOW	ÁBLE							
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of		of load of	il and musi	be equal to or Producing Me				# <u>541 24 Ro</u>	<i>los.)</i>
Length of Tes	Tubing	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bb	Oil - Bbls.			Water - Bbis			G25- MCF		
GAS WELL Actual Prod. Test - MCF/D	Length	of Test			Bbls. Conden	ale/MMCF		Gravity of C	on den sate	
Festing Method (pilot, back pr.)		Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choire Size		
VI. OPERATOR CERTIFI I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of m	ulations of t id that the in	he Oil Conse formation giv	rvation	CE						
Signature				Ву						
David Stewart Printed Name 2/8/91	Pro	ductior 915-6	1 Acco Tille 585-57		11					
Date		Tel	enhone Ne		11					

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.

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.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

						Revised 10-0	1-78
DISTRIBUTION	OIL CONSERVATION DIVISION					Format 06-01	-83
BANTAFE					Page 1		
FILE	P. O. BOX 2088						
U.S.G.S.	SANTA FE, NEW MEXICO 87501						
LAND OFFICE							
TRANSPORTER OIL							
OPERATOR	REQUEST FOR ALLOWABLE						
	AUTI	HORIZATION TO		T OIL AND NA	FURAL GAS		
·			<u> </u>			·····	
Operator OXY USA Ind	с.						
Address							
P. 0. Box		dland, TX	79710		ase explains		
Reoson(s) for filing (Check proper		_					
					ot operator	's name	
New Well		ige in Transporter	<u> </u>		of operator	Share	
Recompletion		011			-		
Recompletion Change in Ownership			Dry Go Conder	effect	ive April 1,	1988	9710
Recompletion Change in Ownership change of ownership give name address of previous owner <u>L DESCRIPTION OF WELL</u> Lease Name	Cities	OII Casinghead Gas Service Oil No.   Pool Name, 1	Gas Conden	rp_, P. Q.	ive April 1, Box 50250, M	1988 idland, TX 7	Lease
Recompletion Change in Ownership Change of ownership give name address of previous owner I. DESCRIPTION OF WELL a Lease Name Federal_AA	Cities	OII Casinghead Gas Service Oil No.   Pool Name, 1	Condet	rp_, P. Q.	ive April 1, Box 50250, M	1988	Lease
Recompletion Recompletion Change in Ownership change of ownership give name address of previous owner I. DESCRIPTION OF WELL ( Lease Name Federal AA Location	Cities AND LEASE	OII Casinghead Gas Service Oil No.   Pool Name, 1	Condent & Gas Condent & Gas Condent Including Forma	rp_, P. O.	ive April 1, Box 50250, M	1988 idland, TX 7	Lease
Recompletion Change in Ownership Change of ownership give name address of previous owner I. DESCRIPTION OF WELL ( Lease Name Federal AA Location R 000	Cities AND LEASE	OII Casinghead Gas Service Oil No. Pool Name, I Centra I From The <u>Nor</u>	Condent & Gas Condent & Gas Condent Including Forma	effect mp., P. Q. uen Jueen 1980	ive April 1, Box 50250, M Xind of Lease State, Federal o	1988 idland, TX 7	Lease
Recompletion Recompletion Change in Ownership change of ownership give nem- nd address of previous owner LOESCRIPTION OF WELL & Leose Name Federal AA Location Unit Letter Line of Section 9	Cities Cities AND LEASE Well 1 00 Feet Township	OII Casinghead Gas Service Oil No. Pool Name, I Centra I From The Nor 185	Condent & Gas Condent & Gas Condent Including Forma 1 Corbin 1 th Line an Range 33E	effect mp., P. Q. uen Jueen 1980 NM	ive April 1, Box 50250, M Xind of Lease State, Federal o Feet From The PM, Lea	1988 Tidland, TX 7 " F•• Fed. 10-0 •East	L 29439-A Cov
Recompletion Recompletion Change in Ownership I change of ownership give nem address of previous owner I. DESCRIPTION OF WELL & Lease Name Federal AA Location Unit Letter Line of Section 9 II. DESIGNATION OF TRAN	Cities Cities AND LEASE Weil 1 20 Feet Township	OII Casinghead Gas Service Oil No. Pool Name, I Centra I From The Nor 185	A Gas Co A Gas Co Including Forma 1 Corbin 1 th Line an Range 33E IATURAL G	effect mp., P. Q. uen Jueen 1980 NM	ive April 1, Box 50250, M Xind of Lease State, Federal o Feet From The PM, Lea	1988 idland, TX 7	L 29439-A Cov
Recompletion Recompletion Change in Ownership Change of ownership give name address of previous owner I. DESCRIPTION OF WELL ( Leose Name Federal AA Location Unit Letter <u>B</u> 99 Line of Section 9 II. DESIGNATION OF TRAN Name of Authorized Transporter of	Cities Cities AND LEASE Well 1 20 Feet Township NSPORTER ( OII X	OII Casinghead Gas Service Oil No. Pool Name, I Centra t From The Nor 185 OF OIL AND N or Concensule	Conder & Gas Co Conder & Gas Co Including Forma Corbin f th Line on Range 33E IATURAL GA	effect p_, P. Q. tion Queen d_ 1980 AS areas (Give addre	ive April 1, Box 50250, M Xind of Lease State, Federal o Feet From The PM, Lea	1988 idland, TX 7 <sup>or Fee</sup> Fed 1C-0 •East	Con 0 be sent)
Recompletion Recompletion Change in Ownership Change of ownership give name address of previous owner L. DESCRIPTION OF WELL ( Leose Name Federal AA Location Unit Letter <u>B</u> 99 Line of Section 9 II. DESIGNATION OF TRAN Name of Authorized Transporter of Taxas Now Maxico Pit	Cities Cities AND LEASE Well 1 20 Feet Township NSPORTER ( OII X Deline (OI	OII Casinghead Gas Service Oil No. Pool Name, I Centra t From The Nor 18S OF OIL AND N or Concensule	Conder Conder	AS a:oos (Give addre 0. Box 25 dareas (Give addre	ive April 1, Box 50250, M Xind of Lease State, Federal o Feet From The PM, Lea ss to which approved 28 - Hobbs, J ss to which approved	1988 idland, TX 7 Fee Fed 10-0: East East New Mexico 8: a copy of this form is f	Con Con Con Con Con Con Con Con
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Recompletion Recompletion Change in Ownership Change of ownership give nem address of previous owner LOESCRIPTION OF WELL ( Lease Name Federal AA Location Unit Letter Line of Section 9 II. DESIGNATION OF TRAN Name of Authorized Transporter of Texas-New Mexico Pir Name of Authorized Transporter of	Cities Cities AND LEASE Well 1 20 Feet Township NSPORTER ( OII X Deline (OI	OII Casinghead Gas Service Oil No. Pool Name, I Centra t From The Nor 18S OF OIL AND N or Concensule	Conder Conder	AS a:oos (Give addre 0. Box 25 dareas (Give addre	ive April 1, Box 50250, M Xind of Lease State, Federal o Fee: From The PM, Lea ss to which approved 28 - Hobbs, No	1988 idland, TX 7 Fee Fed 10-0: East East New Mexico 8: a copy of this form is f	Con 29439-A Con 0 be sent/ 3240 0 be sent/ 240

NOTE: Complete Parts IV and V on reverse side if necessary.

## VI. CERTIFICATE OF COMPLIANCE

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I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

(Signature ) F. A.

Vitrano

<u>District Operations Manager - Production</u>

March 15, 1988

(Date)

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APPROVED	1.510 0	· · · · · · · · · · · · · · · · · · ·
	Orig. Signed by	
BY	Paul Keutz	
_	Geologist	
TITLE		

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