

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Federal AD #1

Operator OXY USA Inc.	Well API No. 3002529296
Address P.O. Box 50250 Midland, TX. 79710	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> This lease & well was unitized into the Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Central Corbin Queen Unit. Case#10062-Order#R-9336 Case#10063-Order#R-9337	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Central Corbin Queen Unit	Well No. 401	Pool Name, Including Formation Corbin Queen, Central	Kind of Lease State, Federal or Free	Lease No. NMNM55149
Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line Section 9 Township 18S Range 33E , NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O.Box 2528 Hobbs, NM 88241					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) 10 Desta Dr. St.550 Midland, TX. 79705					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 9	Twp. 18S	Rge. 33E	Is gas actually connected? Yes	When ?

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) Injection <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>		
Date Spudded 7/1/85	Date Compl. Ready to Prod. 7/22/85	Total Depth 4310'	P.B.T.D. 4256'
Elevations (DF, RKB, RT, GR, etc.) 3965'	Name of Producing Formation Queen	Top Oil/Gas Pay 4206'	Tubing Depth 4099'
Perforations 4206' - 4232'	Depth Casing Shoe 4310'		
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 369'	SACKS CEMENT 350 sx
7 7/8"	5 1/2"	4310'	1150 sx
	2 7/8"	4099'	

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.)

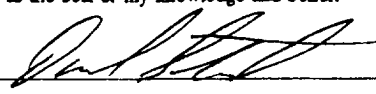
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	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 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 Production Accountant  
Printed Name 2/8/91 Title 915-685-5717  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title

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.