Subset 5 Copies Appropriate District Office DISTRICT J P.O. Box 1980, Hobbs, NM \$2240

DISTRICT II P.O. Drawer DD, Astenia, NM \$8210 State of New Mexico E. ,y, Minerals and Natural Resources Departmen.

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

L.		10 TR/	ANSPO	ORT O	L AND NA	TURAL G			ederal .	AE #1		
Openator OXY USA Inc.	nc.					W			ell API No. 3002529325			
Address P.O. Box 5025	0 Mid	land, "	гх. 7	79710								
Reason(s) for Filing (Check proper box,)				X Oth	er (Please exp	lais)					
New Well		Change is	Transmo	the of				unitized	into ti	he		
Recompletion	Oil		Dry Ga	_		Corbin			11100 0.			
Change in Operator				_								
	Calangas	ad Gas	Conden		Case#10	062-0rde	r#R-9330	o Case#1	0063-0ra	der#R-933		
if change of operator give name and address of previous operator	<u> </u>											
L DESCRIPTION OF WELL	L AND LE		1				-					
weiter Pout Mille, Inclu					een, Central			ind of Lease Lease N ate, Federal or Fest NMLC0294		Lese No.		
Location	Unit	201		u yu	een, Cen				K NHILCO	J29489B		
Unit LetterO	:	660	. Feet Fro	m The	South Lin	e and1	980 F	et From The	East	Line		
Section 4 Towns	hip 185		Range	33	E .N	MPM.	Lea	a		County		
III. DESIGNATION OF TRA	NSPORTI	TR OF O		NATT								
Name of Authorized Transporter of Oil		or Conden				e address so w	hich approved	copy of this f	orm is to be s	en!)		
Texas New Mexico Pip	eline C	0.			1	2528 H						
Name of Authorized Transporter of Casinghead Gas X or Dry Conoco Inc.					Address (Giv 10 Desta	a ddress 10 w	hich approved	copy of this find	orm is to be s. TX. 79	705		
If well produces oil or liquids, rive location of tanks.	Unit			Rge.	Is gas actually connected?			When ?				
f this production is commingled with the	N	4	185		Yes	····						
V. COMPLETION DATA			poor, give	e comming	ing order mund			<u> </u>				
Designate Type of Completion		Oil Well	G	as Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v		
Date Spudded					Total Durth	L	<u> </u>	I	L			
9/27/85	Date Com	pl. Ready to			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)		11/9/85			4300 ' Top Oil/Gas Pay			4256'				
3992'	Name of F	Name of Producing Formation						Tubing Depth				
	Queen					4221'			4212'			
4221' - 4241'								Depth Casing Shoe				
7221 7271		TIPNC	CASIN		(E) (E) (E)			1	4300			
		TUBING, CASING AND										
HOLE SIZE	CA	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
12 1/4"		8 5/8"			388'				<u>350 s</u>	X		
7 7/8"	5 1/2"			4300			1250 sx					
	2 3/8"											
. TEST DATA AND REQUE												
IL WELL (Test must be after	recovery of u	xal volume c	of load oil	and musi	be equal to or	exceed top all	owable for this	depth or be f	or full 24 hou	73 .)		
Date First New Oil Run To Tank	Date of Te				Producing Me							
method To a					Course Davies			Choke Size				
reight of Test	Tubing Pressure			Casing Pressure			Choke Size					
ctual Prod. During Test	Prod During Test				Water - Bbis			Gas- MCF				
case rior tomag rest	Oil - Bols.											
GAS WELL	····	<u></u>			d <u></u>	·		±		*		
ctual Prod. Test - MCF/D	Length of Test			Bbla. Condensate/MMCF			Gravity of Condensate					
	-											
sting Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
L OPERATOR CERTIFIC		COLO	TANG					1				
				- E	ll c		ISERV	ATION I		NNI		
I hereby certify that the rules and regul Division have been complied with and					II ~					/ i N		
is true and complete to the best of my	knowledge ar	n pelief.	a autur		_				1 1000			
1 1-		/			Date	Approve	d					
Val 1	17	•••										
Signature					By	بالمجود بتحرفها	84. XX 9. 5.	<u>8</u>		<u> </u>		
David Stewart	Produ	uction					20 N N N	to the second				
Printed Name 2/8/91		915-68	Tille 15-571	.7	Title_							
2/ 0/ 31 Date	······		hone No.									
		rug.			11							

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

) 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.

"ill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

sparate Form C-104 must be filed for each pool in multiply completed wells.

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