

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

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

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 #4

Operator OXY USA Inc.		Well API No. 3002529530
Address P.O. Box 50250 Midland, TX. 79710		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) This lease & well was unitized into the New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> Central Corbin Queen Unit. Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Case#10062-Order#R-9336 Case#10063-Order#R-9337 Change in Operator <input type="checkbox"/>		
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. 404	Pool Name, including Formation Corbin Queen, Central	Kind of Lease State, Federal or Foreign	Lease No. HMNM55149
Location Unit Letter K : 1980 Feet From The South 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) <input checked="" type="checkbox"/> Production	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9/10/86	Date Compl. Ready to Prod. 10/13/86		Total Depth 4350'		P.B.T.D. 4287'			
Elevations (DF, RKB, RT, GR, etc.) 3938'	Name of Producing Formation Queen		Top Oil/Gas Pay 4258'		Tubing Depth 4243'			
Perforations 4258' - 4271'					Depth Casing Shoe 4350'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 351'		SACKS CEMENT 300 SX			
7 7/8"	5 1/2"		4350'		1400 SX			
	2 3/8"		4243'					

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.)

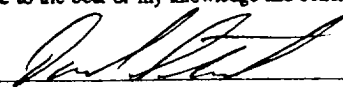
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.