

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Federal AE #12

| | |
|---|----------------------------|
| Operator OXY USA Inc. | Well API No. 3002529798 |
| 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. 212 | Pool Name, including Formation Corbin Queen, Central | Kind of Lease State, Federal or Fed | Lease No. NMLC029489B |
| Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>560</u> Feet From The <u>West</u> Line Section <u>3</u> Township <u>18S</u> Range <u>33E</u> , <u>NMPM</u> 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 N | Sec. 4 | 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) Impaired Form | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 11/28/86 | Date Compl. Ready to Prod. 1/7/87 | | Total Depth 4300' | | P.B.T.D. 4260' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4025' | Name of Producing Formation Queen | | Top Oil/Gas Pay 4211' | | Tubing Depth 4218' | | | |
| Perforations 4211' - 4215' | | | | | Depth Casing Shoe 4300' | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4" | 8 5/8" | | 372' | | 300 sx | | | |
| 7 7/8" | 5 1/2" | | 4300' | | 1500 sx | | | |
| | 2 3/8" | | 4218' | | | | | |

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.)

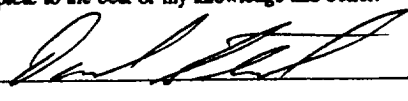
| | | | |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls.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

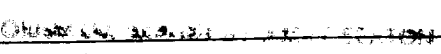
VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.