

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 #5

Operator OXY USA Inc.		Well API No. 3002529813
Address P.O. Box 50250 Midland, TX. 79710		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: This lease & well was unitized into the Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Central Corbin Queen Unit. Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Case#10062-Order#R-9336 Case#10063-Order#R-9337		
If change of operator give name and address of previous operator <u>Citico Services oil &amp; Gas</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Central Corbin Queen Unit	Well No. 405	Pool Name, Including Formation Corbin Queen, Central	Kind of Lease State, Federal or Free	Lease No. HMNM55149
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>2055</u> Feet From The <u>West</u> Line Section <u>9</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 B	Sec. 9	Twp. 18S	Rge. 33E	Is gas actually connected? No	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)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/20/87	Date Compl. Ready to Prod. 12/24/87		Total Depth 4352'		P.B.T.D. 4165'			
Elevations (DF, RKB, RT, GR, etc.) 3926'	Name of Producing Formation Queen		Top Oil/Gas Pay 4275'		Tubing Depth			
Perforations 4275' - 4291'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		373'		300 sx			
7 7/8"	5 1/2"		4352'		1525 sx			
	CIBP		4200'					

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 David Stewart Title 915-685-5717  
Date 2/8/91 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.