Subenit 5 Copies Appropriate District Office DISTRECT J P.O. Box 1980, Hobbs, NM \$240

DISTRICT II P.O. Drawer DD, Antenia, 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., Aziec, NM 87410

REQUEST FOR	ALLOWABLE /	AND AUTHOR	IZATION

I	Т	O TRA	NSPO	RT OIL	AND NAT	URAL GA			ederal i	AH #1
Operator OXY USA Inc.							Well /	<b>PI No.</b> 3002	2529898	
Address		• ••								
P.O. Box 5025		and, T	<b>x.</b> 7	9710	Xou	t (Please explu				
Reason(s) for Filing (Check proper box) New Well		Change in	Transport	ter of:	This lea			nitized	into th	e
	Oil		Dry Gas		Central					
Change is Operator	Casinghead	_	Condens	<u> </u>					0063-Ord	ler#R-933
if change of operator give same									·····	
and address of previous operator										<u> </u>
II. DESCRIPTION OF WELL	L AND LEA	SE								
Lease Name	Well No. Pool Name, Includi			-				i of Lease Lease No. i, Federal or Firk NMLC029489A		
Central Corbin Queen	Unit	105	Corb	in Que	een, Cent	ral			ПШеол	
Location		7.0		C	outh	22	210		Tact	
Unit Letter	:23	10	Feet From	m The $\underline{\Xi}$	outh Line	and23	<u> </u>	et From The	Last	Line
Section <sup>9</sup> Towns	hip 18S		Range	331	E NN	(PM,	Lea	1		County
Section 104 hs	nip		Range		114					county
III. DESIGNATION OF TRA	NSPORTE	R OF O	IL AND	NATU	RAL GAS					
Name of Authorized Transporter of Oil		or Conden			Address (Giw		hich approved		form is to be s	ent)
Texas New Mexico Pip					P.O.Box					
Name of Authorized Transporter of Cas Conoco Inc.	inghead Gas		or Dry C	)as 🛄	Address (Give address to which approved copy of this form is to be sent) 10 Desta Dr. St. 550 Midland, TX. 79705					705
If well produces oil or liquids,	Unit	Sec.	Twn	Ree	Is gas actually		When			
give location of tanks.	J	9	<b>Twp.</b> 185	33E		es	1	•		
If this production is commingled with the	at from any othe	er lease or	pool, give	comming	ling order numb	ю <b>г.</b>				
IV. COMPLETION DATA	•			-						
		Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completio		X			Tetel Durth	L	<u> </u>			
Date Spudded	Date Comp				Total Depth	44001		P.B.T.D.	44001	
5/16/37	Name of Pr	6/5/8			Top Oil/Gas I	<u>4400'</u>		Tubing Der	4400'	
Elevations (DF, RKB, RT, GR, etc.) 3967'		Oueen				4274'		T COURS Del	4202'	
Perforations		Queen			1	-27-		Depth Casi		·····
4274' - 429	)4'								4400	
		UBING,	CASIN	IG AND	CEMENTI	NG RECOR	2D			
HOLE SIZE	CAS	NG & TI		IZE	DEPTH SET			SACKS CEMENT		
12 1/4"		8 5/8"		300'			250 sx			
7 7/8"		5 1/2"		4400'			£50 sx			
		2 7,	/8"			<u>4202'</u>				
V. TEST DATA AND REQU	FST FOR A	11.0W	ABLE		1					
OIL WELL (Test must be after	t recovery of to	al volume	of load o	il and mus	it be equal to or	exceed top all	lowable for th	is depth or be	for full 24 ho	ws.)
Date First New Oil Run To Tank	Date of Tes				Producing Mi	ethod (Flow, p	nump, gas lift.	elc.)		
Length of Test	Tubing Pres	ເອນາເ			Casing Press.	IR		Choke Size	<u>.</u>	
			192 Dhi			Gai- MCF				
Actual Prod. During Test	Oil - Bbls.				Water - Bbla.					
_										
GAS WELL		F			Bhis Cond-	THE AMOT		Gravity of	Condensate	
Actual Prod. Test - MCF/D	Length of Test		Bols. Condensate/MMCF			Gravity of Condensate				
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size						
and tarration (have, over he is										
VI. OPERATOR CERTIFI	CATEOF	COM	PLIAN	ICE	1				<b>D U U O U</b>	
I hereby certify that the rules and re-						DIL COI	NSERV	ATION	DIVISI	ON
Division have been complied with a	nd that the infor	mation giv	ven above							
is true and complete to the best of m	ny knowledge ar	nd belief.			Date	Approve	ed			
	44									
- Mar Sa	4			<u></u>	By_					
Signature David Stewart	Prod	uctior	1 Acco	untan	t					
Printed Name		915-6	<b>Title</b> 585-57	17	Title	*******				
2/8/91			ephone N							
Date		10	chrone te	<b>.</b>	11					

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.

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