

**OIL CONSERVATION DIVISION**

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

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**

**I.**

Operator OXY USA Inc.	Well API No. 30-025-20201
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 checked="" type="checkbox"/> Re-entry Change in Transporter of: Re-Enter & complete in Yates Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator _____	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name State K	Well No. 5	Pool Name, including Formation Vacuum Yates	Kind of Lease State, Federal or Foreign	Lease No. B1482
Location Unit Letter <u>H</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>27</u> Township <u>17S</u> Range <u>35E</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"/> Phillips 66 Natural Gas Co. GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 4001 Pembroke, Mesquite, TX. 79762			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 27	Twp. 17S	Rge. 35E
Is gas actually connected?	When?		12/5/91	
If this production is commingled with that from any other lease or pool, give commingling order number: <u>PC-791</u>				

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/30/91	Date Compl. Ready to Prod. 11/28/91	Total Depth 9000'		P.B.T.D. 3150'				
Elevations (DF, RKB, RT, GR, etc.) 3922'	Name of Producing Formation Yates	Top Oil/Gas Pay 2990'		Tubing Depth 3098'				
Perforations 2990' - 3094'		Depth Casing Shoe						
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/8"	351'		360				
12 1/4"	8 5/8"	3200'		1800				
7 7/8"	5 1/2"	Top-3485' Bot-8954'		926				

**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 11/28/91	Date of Test 12/4/91	Producing Method (Flow, pump, gas lift, etc.) pump 2"X1 1/4"X20' BHD	
Length of Test 24	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil - Bbls. 12	Water - Bbls. 4	Gas - MCF 63

**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 Prod. Acct.  
Printed Name David Stewart Title  
Date 12/12/91 Telephone No. 915-685-5717

**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.