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Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico genergy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-39
See Instructions
at Bottom of Page

30-025-20301

Wall API No.

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., Aziec, NM 87410

OXY USA Inc.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Address P.O. Box 5	50250	Midland	э п	x. 797	10	<u> </u>						
Reason(s) for Filing (Check proper box)	0230	MIGIAN		IA. 191		set (Please copla	(مند					
New Well		Change in	Trans	norter of:		(u.y						
Recompletion &	Oil		Dry (_								
Change in Operator	Casingher		-	comic						l		
If change of operator give name	Changie		- COBO	CULANS				·				
and address of previous operator				···		·····						
IL DESCRIPTION OF WELL	AND LE	ASE										
Lease Name	THIN DEA		Pool	Name, Includi	ne Formation		Kind	of Lease	L	ease No.		
State K	7 Vacuum			0			Рефил ик ри В1482		82			
Location		<u> </u>	L	Tuo dalli								
Unit Letter A	_:9	90	Foot	Prom The	North Li	e and33	0 Fe	et From The	East	Line		
Section 27 Townshi	p 17S		Rang	• 35E	, N	MPM,	Lea			County		
			.									
III. DESIGNATION OF TRAN				ND NATU					i- 40 ka a			
Name of Authorized Transporter of Oil X or Condensate						Address (Give address to which approved copy of this form is to be sent)						
Texas New Mexico P	P.O. Box 2528 Hobbs, NM 88241											
Name of Authorized Transporter of Casin Phillips 66 Natural	gnead Gas		or Dr	y Cas	Address (Gi	ECTIVE Fe	orugiy	copy of this for	m 13 10 be 14	<i>34)</i>		
				<u>Corporat</u>	OTUUT P	enbrook C				 -		
If well produces oil or liquids, give location of tanks.	Unit		Twp.	•	_	ly connected?	When		/22 /23			
<u> </u>	H	27	179			Yes		12,	/22/91			
If this production is commingled with that	from any oti	ner lease or	pool, g	nve comming	ing order min	ober:		,		·		
IV. COMPLETION DATA					Y		·					
Decignate Type of Completion	- 00	Oil Well	Į.	Gas Well	New Well	Workover	Досриа	Plug Back S	ame Res'v	Diff Res'v		
Designate Type of Completion		X			10.15.1	<u> 1</u>	<u> </u>	X		X		
Date Spudded 11/25/91	Date Com	pl. Ready to 12/16,			Total Depth	6291 '		P.B.T.D.	3370 '	ı		
	ļ				T. 01/0							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
3936' Yates					3039'			3116'				
Perforations								Depth Casing	Shoe			
3039' - 312	1'								6291	r .		
TUBING, CASING AND						CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SA	SACKS CEMENT			
17 1/2"	13 3/8"				356'			360				
11"	8 5/8"				2995 '				1780			
7 7/8"	5 1/2"				6291 '				1001			
								<u> </u>				
V. TEST DATA AND REQUE	ST FOR A	ALLOWA	ABLI	E								
OIL WELL (Test must be after t	recovery of u	otal volume	of load	d oil and must					r full 24 hou	rs.)		
Date First New Oil Run To Tank	e First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
12/18/91	18/91 12/22/91					ump	2"X].]	./2"X 16 '	BHD			
Length of Test	Test Tubing Pressure				Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbis.				Water - Bbli	L .		Gas- MCF				
			1	3		2			52			
GAO TIPLE	<u> </u>											
GAS WELL	11 4 6	T			Inch Conde	nsate/MMCF		Gravity of Co	-descale			
Actual Prod. Test - MCF/D	Length of	ICEL			Bols. Codoc	BEEF MINICP		Chavity of Co	MOCHALE			
	70.01-10-10-				Caria a Para	/Chia ia\		Choke Size				
Testing Method (pitot, back pr.)	I moing Pri	essure (Shut-	-m)		Casing Fresh	sure (Shut-in)		Croke Size				
	1				ļ			1				
VI. OPERATOR CERTIFIC	ATE OF	F COMP	LIA	NCE			ICEDIV	ATION	11/1010	N/		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above								JAN 2	2 '92	`		
is true and complete to the best of my knowledge and belief.					Date	e Approve	d	ט זווו ט	~ ~~			
0 011						• •						
galsas					By_	ORIGINA	AL SIGNET	BY JERRY	SEXTON			
Signature David Stowart		Dwc -l	7	a+	Dy -		MSTRICE	SUPERVISO	?.			
David Stewart	·	Prod.	Ac	UL.								
Printed Name 1/17/92	c	915-685		17	Title)		 				
Date			phone									
					Ш		ه ربدیم					
ENGONOMICONO S. C		61. 4 :		:	D. I. 1104							

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.