Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240	State of New Mexico						Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	
DISTRICT II	0	OIL CO)NSERVA P.O. B	ATION E ox 2088	IVISIO			
Santa Fe, New Mexico 87504-2088								
1000 Rio Brazos Rd., Aztec, NM 87410 I.			R ALLOWA					
Operator Oxy USA, Inc.						Well A	PINo. -025- 05545	
Address PO Box 50250, I	Midland	, тх	79710					
Reason(s) for Filing (Check proper box) New Well Recompletion		hange in T	ransporter of:		r (Please expla Effecti	-	1, 1993	
Change in Operator If the change of operator give name	Casinghead		Condensate		< 3531,	Midla	nd. TX 79702	
and address of previous operator II. DESCRIPTION OF WELL			ng, Inc.	<u>, FO BO</u>	<u>, 1991</u>	<u>niuiu</u>	nu, 17 75762	
Lease Name East Eumont Unit	V		ool Name, includ Eumont		Lease No. Federal of Fee Fee			
Location Unit Letter <u>N</u>	. 660	F	Feet From The	outh Lim	and198	0 F α	et From TheLine	
Section 3 Townshi	p195_	F	lange 37E	, NI	IPM, Le	a	County	
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATU					
Name of Authorized Transporter of Oil Koch Oil Company					dress (Give address to which approved copy of this form is to be sent) O Box 1558, Breckenridge, TX 76024			
Name of Authorized Transporter of Casin Warren Petroleum CPM	corp	X 0	or Dry Gas	Address (Gim PO BOX 4001 P	enbrook	ich approved TUISA, . Odes	copy of this forming to be sent) sa, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit S		wp. Rge. 195 37E					
If this production is commingled with that IV: COMPLETION DATA	+	. <u>×</u>			er:			
Designate Type of Completion	~	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Same Res'v Diff Res'v	
Date Spudded	Date Compl.	Ready to P	rod.	Total Depth			P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Proc	ducing Forr	nation	Top Oil/Gas I	'ay		Tubing Depth	
Perforations					<u> </u>	<u> </u>	Depth Casing Shoe	
	T	JBING. C	ASING AND	CEMENTIN	IG RECOR	D		
HOLE SIZE		NG & TUB		DEPTH SET			SACKS CEMENT	
V. TEST DATA AND REQUES OIL WELL (Test must be after r				the equal to or	exceed top allo	wable for this	depth or be for full 24 hours.)	
Date First New Oil Run To Tank	Date of Test	(c.)						
Length of Teg	Tubing Press	ure		Casing Pressu	re		Choke Size	
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF	
GAS WELL	<u>.</u>			<u> </u>			<u></u>	
Actual Prod. Test - MCF/D	Length of Te	si		Bbls. Conden	Here/MMCF	•	Gravity of Condensate	
Testing Method (pilot, back pr.)	Tubing Press	aire (Shut-ir	נן)	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.				OIL CONSERVATION DIVISION Date Approved JUL 0 9 1993				
Signature					By ORIGINAL SIGNED BY JERRY SEXTON			
Pat McGee Printed Name / 8 / 9 3			Title		DISTRICT SUPERVISOR			
6/8/75 Date	915	<u>/685-</u> Teiepł	5600 None No.					
INSTRUCTIONS: This for	m is to be fi	led in co	mpliance with	Rule 1104				

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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 a 'bwable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.