Submit 5 Cories
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

I.

State of New Mexico rgy, Minerals and Natural Resources Departm.

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator									PI No.	\E E A 6			
Oxy USA, Inc.								30-025-05546					
Address PO Box 50250, 1	Midlan	A TY	70	9710									
Reason(s) for Filing (Check proper box)	TLUTAII	u, 1A			Oth	et (Please ern)	ain)	71		 .			
New Well Change in Transporter of:					Other (Please explain)								
Recompletion Oil Dry Gas					Effective Tehrany 1, 1993								
Change in Operator													
16 - 1	Casinghead rgo Op		Conden		PO Bo	x 3531,	Mi	dla	nd, TX	7970	2		
II. DESCRIPTION OF WELL	AND LEA	ASE											
Lease Name	Well No.		Pool Name, Includi		-			Kind of Lease State Federal or Fee			ease No.		
East Eumont Unit 19			Ει	umont	Yates SR QN			State	rederal or re	e NM-C	29141		
Location Unit Letter H	206	5	Feet Fr	om The N	orth Lin	660 and		Fa	et From The	East	Line		
Section 4 Township 19S Range 37E					.NMPM. Lea				County				
		P OF O	- 1	D NATTI				_			County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPURIE.	or Conden		DIANTU.		e address to w	hich an	proved	copy of this f	orm is to he -	eni)		
Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024												
	thead Gas	X	or Dry	Gas 🗂									
Name of Authorized Transporter of Casing Warren Petroleum CPM	Corp			PO Box T589, Tul			aproved copy of this formits to be sent) Odessa, TX 79762						
If well produces oil or liquids,	Unit Sec.		Twp. Rge.		Is gas actually connected?			When?					
give location of tanks.	M	3		J37E		<u> 10</u>	1						
If this production is commingled with that in IV: COMPLETION DATA	from any other	er lease or	pool, giv	e comming!	ing order num	ber:							
Designate Type of Completion	- (X)	Oil Well	0	Gas Well	New Well	Workover	De	epen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		I. Ready to Prod.			Total Depth			P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe							
									Depti Casii	g snoe			
	т	UBING.	CASIN	NG AND	CEMENTI	NG RECOR	D		<u> </u>				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT					
U TEST DATA AND DECLIES	TEODA	HOWA	DIE										
V. TEST DATA AND REQUES OIL WELL (Test must be after re				il and must	he equal to or	exceed top all	oue ble	for this	denth or he	for full 24 hou	· 1		
Date First New Oil Rua To Tank	Date of Tes		0) 10011 0	,u una musi		thod (Flow, pu				or just 24 Hou	rs.)		
Length of Test	Tubing Pressure			Casing Pressure				Choke Size					
Actual Prod. During Test	ual Prod. During Test Oil - Bbls.				Water - Bbls				Gas- MCF				
	OII - BUIS.												
GAS WELL													
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate				
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size					
	<u> </u>							_	L				
VI. OPERATOR CERTIFIC.				ICE	(195		TIOM	AIVICIO	NI.		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						DIL CON		JUL	V y TIS	P. A. IOIC	71 N		
is true and complete to the best of my k			autove		D-1-	۸ ۵	نــ						
	nsi s	•			!	Approve							
					By ORIGINAL SIGNED BY JERRY SEXTON								
Signature Pat McGee Land Manager					By DISTRICT I SUPERVISOR								
Pat McGee Printed Name	Lai	nu mai	Tille		T:11-								
6/8/93 Date	915	5/685 Tele _l			111110					<u>.</u>			
		-			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.