

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., Aztec, NM 87410

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|  |  |                                      |
|--|--|--------------------------------------|
| Operator<br><b>Oxy USA, Inc.</b>   |  | Well API No.<br><b>30-025- 05547</b> |
| Address<br><b>PO Box 50250, Midland, TX 79710</b>  |  |                                      |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) <b>JUNE</b>                              |  |                                      |
| New Well <input type="checkbox"/>  | Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | Effective <b>February</b> 1, 1993    |
| Recompletion <input type="checkbox"/>  | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>                |                                      |
| Change in Operator <input checked="" type="checkbox"/>   |  |                                      |
| If change of operator give name and address of previous operator<br><b>Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702</b> |  |                                      |

### II. DESCRIPTION OF WELL AND LEASE

|   |                       |   |  |                              |
|---|-----------------------|---|--|------------------------------|
| Lease Name<br><b>East Eumont Unit</b>   | Well No.<br><b>18</b> | Pool Name, Including Formation<br><b>Eumont Yates SR QN</b> | Kind of Lease<br>State, Federal or Fee | Lease No.<br><b>NM-02814</b> |
| Location<br>Unit Letter <b>G</b> : <b>1837</b> Feet From The <b>North</b> Line and <b>1650</b> Feet From The <b>East</b> Line<br>Section <b>4</b> Township <b>19S</b> Range <b>37E</b> , NMPM, 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"/><br><b>Koch Oil Company</b>                            | Address (Give address to which approved copy of this form is to be sent)<br><b>PO Box 1558, Breckenridge, TX 76024</b>                                    |                    |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>Warren Petroleum Corp</b><br><b>GPM</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>PO Box 1589, Tulsa, OK 74102</b><br><b>4001 Penbrook, Odessa, TX 79762</b> |                    |
| If well produces oil or liquids, give location of tanks.   | Unit<br><b>M</b>  | Sec.<br><b>3</b>   |
|  | Twp.<br><b>19S</b>  | Rge.<br><b>37E</b> |
|  | Is gas actually connected? <b>No</b> When ?   |                    |

If this production is commingled with that from any other lease or pool, give commingling order number.

### IV. COMPLETION DATA

|                                     |                             |          |                 |          |                   |           |            |            |
|-------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|------------|------------|
| Designate Type of Completion - (X)  | Oil Well                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded                        | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |            |            |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |            |            |
| Perforations                        |                             |          |                 |          | Depth Casing Shoe |           |            |            |
| TUBING, CASING AND CEMENTING RECORD |                             |          |                 |          |                   |           |            |            |
| HOLE SIZE                           | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT      |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |
|                                     |                             |          |                 |          |                   |           |            |            |

### 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 | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

### 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  
**Pat McGee** Land Manager  
Printed Name  
**6/8/93** Title  
**915/685-5600**  
Date  
Telephone No.

### OIL CONSERVATION DIVISION

**JUL 09 1993**

Date Approved

By **ORIGINAL SIGNED BY JERRY SEXTON**

DISTRICT I SUPERVISOR

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.

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|   |   |
|---|---|
| I.  |   |
| Operator<br>Sirgo Operating, Inc.   | Well API No.<br>30-025-05547  |
| Address<br>P.O. Box 3531, Midland, Texas 79702  |   |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)   |   |
| New Well <input type="checkbox"/>   | Change in Transporter of: <input type="checkbox"/> Effective 6-1-90         |
| Recompletion <input type="checkbox"/>   | Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>    |
| Change in Operator <input checked="" type="checkbox"/>  | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator<br>Morexco, Inc., P.O. Box 481, Artesia, New Mexico 88211-0481 |   |

### II. DESCRIPTION OF WELL AND LEASE

|  |                |   |   |                       |
|--|----------------|---|---|-----------------------|
| Lease Name<br>East Eumont Unit   | Well No.<br>18 | Pool Name, including Formation<br>Eumont-Yates-SR-Q | Kind of Lease<br>State (Federal or Fee) | Lease No.<br>NM-02814 |
| Location<br>Unit Letter <u>G</u> : <u>1837</u> Feet From The <u>N</u> Line and <u>1650</u> Feet From The <u>E</u> Line<br>Section <u>4</u> Township <u>19S</u> Range <u>37E</u> , NMPM, 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"/><br>Koch Oil Company  | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1558, Breckenridge, TX 76024                             |           |             |             |   |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Warren Petroleum Corporation<br>Phillips 66 Natural Gas Co. | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1589, Tulsa, OK 74102<br>4001 Penbrook, Odessa, TX 79762 |           |             |             |   |
| If well produces oil or liquids, give location of tanks.  | Unit<br>M   | Sec.<br>3 | Twp.<br>19S | Rge.<br>37E | Is gas actually connected? <input checked="" type="checkbox"/> Which? |
| If this production is commingled with that from any other lease or pool, give commingling order number.   |   |           |             |             |   |

### IV. COMPLETION DATA

|                                    |                             |          |                 |          |        |                   |            |            |
|------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|------------|------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Res'v | Diff Res'v |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |            |            |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing Depth      |            |            |
| Perforations                       |                             |          |                 |          |        | Depth Casing Shoe |            |            |

### TUBING, CASING AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

### 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  | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test  | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

### 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 Bonnie Atwater  
Bonnie Atwater Production Tech.  
Printed Name  
June 6, 1990 915/685-0878  
Date Telephone No.

### OIL CONSERVATION DIVISION

JUN 19 1990

Date Approved \_\_\_\_\_  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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- 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.

RECEIVED  
JUN 18 1990  
OCC  
STOCKS OFFICE

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