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

State of New Mexico Livergy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88216

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. 30-025- 05588 Oxy USA, Inc.

Address						 		
PO Box 50250,	Midland. TX	79710						
Reason(s) for Filing (Check proper box)			Other	r (Please expl	ain)	4 1		
New Well		Transporter of:			4.	WE		
Recompletion	Effective Petroary 1, 1993							
Change in Operator	Casinghead Gas	Dry Gas				_		
If change of operator give name and address of previous operator Si	, PO Box 3531, Midland, TX 79702							
II. DESCRIPTION OF WELL	AND LEASE						- "	
Lease Name	Well No. Pool Name, Inclu				Kind	of Lease No.		
East Eumont Unit	32				Federal or Fee E-6574			
Unit Letter <u>E</u>	: 1980	Feet From The $\frac{N}{2}$	North Line	and 660	Fe	et From The	West	Line
Section 10 Townsh	ip 19S	Range 37E	, NM	_{РМ,} Le	:a			County
III. DESIGNATION OF TRAN	NSPORTER OF OI	L AND NATU	JRAL GAS					
Name of Authorized Transporter of Oil	or Condens		Address (Give	address to wh	ich approved	copy of this	form is to be s	ent)
Koch Oil Company			PO Box					
Name of Authorized Transporter of Casin Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762							
			L Is gas actually connected? When			ssa, TX /9762		
give location of tanks.	<u>M</u> 3	19S 37E	Yes		""	•	1957	
If this production is commingled with that IV. COMPLETION DATA	from any other lease or p	ool, give comming	ding order number	г				
	Oil Well	Gas Well	New Well	Workover			1=	1
Designate Type of Completion	- (X)		i	workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to	Prod.	Total Depth			P.B.T.D.	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formati		mation	Top Oil/Gas Pay			Tubing Depth		
Perforations			<u> </u>					
				Depth Casin	g Shoe			
	TUBING, C	CASING AND	CEMENTING	RECORT)			 -
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
			50,111321			SACKS CEMENT		
								
V. TEST DATA AND REQUES	T FOR ALLOWA	RIF						
			he equal to or ex-	ceed ton allow	whie for this	damek an ha ƙ	6.U.34 L .	
Date First New Gil Rus To Tank Date of Test			be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure		Casing Pressure			Choke Size		
AI.D. i. T.								
Actual Prod. During Test	Oil - Bbis.		Water - Bbls.		Gas- MCF			
GAS WELL	<u> </u>			***************************************	L			
Actual Prod. Test - MCF/D Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICA	ATE OF COMPI	IANCE	<u></u>				·	
I hereby certify that the rules and regular	OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above								
is true and complete to the best of my knowledge and belief.			Date Approved JUL 0 9 1993					
(/p/)	Date	PPIOVEU		- 0 100	<u> </u>			
LEDIL	11 111	ŀ	1					

Signature Pat McGee Land Manager Printed Name Title

8/93

Date

915/6<u>85-5600</u> Telephone No.

Ву_ 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.