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

## State of New Mexico Lurgy, Minerals and Natural Resources Departme...

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Printed Name	Title									
Signature Pat McGee Land Manager Printed Name Title				By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
is true and complete to the best of my knowledge and belief.				Date Approved						
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				OIL CONSERVATION DIVISION						
esting Method (pitot, back pr.)	Tubing Pressur	Tubing Pressure (Shui-in)			Casing Pressure (Shut-in)			Choke Size		
Actual Prod. Test - MCF/D	Length of Test	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
GAS WELL							<u></u>			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF		
Length of Test	Tubing Pressur	Tubing Pressure			Casing Pressure			Choke Size		
First New Oil Run To Tank  Date of Test				t be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
V. TEST DATA AND REQUE				ha anval to on		wahla fan skil		- 6 2 3 4 1 .	. 1	
								SACIO SEMENT		
HOLE SIZE	TUBING, CASING AN HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
<u> Репогацова</u>							Depth Casing	Shoe		
Perforations				TOP OID CAS	-J		Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay					
Designate Type of Completion  Date Spudded	n - (X)  Date Compl.		<u>j</u>	Total Depth		<u> </u>	P.B.T.D.			
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
If this production is commingled with the	<del></del>	<del></del>	9S [37E l, give comming!		NO		·····			
If well produces oil or liquids, give location of tanks.	1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						?	•		
Name of Authorized Transporter of Case Warren Petroleum	Address (Give address to which approved copy of this formize be sent)									
Name of Authorized Transporter of Oil  or Condensate								•		
III. DESIGNATION OF TRA					TA					
Section 15 Towns	hip 19S	R	inge 37E	, N	мрм, Le	a			County	
Unit Letter L	<u>: 660</u>	Fe	et From The W	est Lin	e and 198	0 F	eet From The _	South	Line	
East Eumont Unit		44	Eumont	Yates	SR QN		Fèderal or Fee	E-2	721	
II. DESCRIPTION OF WELL Lease Name			ol Name, Includ	ing Formation			of Lease		ease No.	
and address of previous operator S	irgo Ope		g, Inc.	, РО Во	x 3531,	Midla	and, TX	7970	2	
Change in Operator   If change of operator give name	Oil Casinghead	_	ry Gas ondensate							
New Well Recompletion	Effective Pebruary 1, 1993									
PO BOX 50250, Reason(s) for Filing (Check proper box	)		ansporter of:_	Out	er (Please expl	ain) J	UNE	··········		
Address	Midland	mΛ	79710						<del></del>	
Oxy USA, Inc.				API No. -025- 05596						
		O 11 1/11	OI OITI OII		1 STIAL G	70				

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

Date

- 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.

Telephone No.

- 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.