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

State of New Mexico ...ergy, Minerals and Natural Resources Department

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

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

<u>.</u>	T	OTRAN	ISPORT OI	L AND NA	TURAL GA	AS				
Operator Oxy USA, Inc.							API No. 1-025-(05683		
Address PO Box 50250,	Midland	I, TX	79710		-		 			
Reason(s) for Filing (Check proper box)				Oth	et (Please expl	ain)	WIF			
New Well	C	Change in T	ransporter of:			<u>.</u>			_	
Recompletion	Oil Dry Gas Effective Pelevihor 1, 1993									
Change in Operator	Casinghead	Gas 🔲 C	condensate							
If change of operator give name and address of previous operator Si	rgo Ope	ratin	g, Inc.	, РО Во	x 3531,	Midla	and, TX	7970	2	
II. DESCRIPTION OF WELL	AND LEAS	SE								
Lease Name			ool Name, Includ	ling Formation		Kind	of Lease	1	ease No.	
East Eumont Unit		50					Pederal or Fee B-2277			
Unit Letter D	: 660 Feet From The North Line and 660 Feet From The Line									
Section 22 Townshi	ip 19S	R	ange 37E	, N	мрм, Le	a			County	
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATI	RAL GAS	1 L	2.				
Name of Authorized Transporter of Oil		r Condensa			e address to wh	ich appeaved	come of this t	form is to be se		
Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) PO Box 1558, Breckenridge, TX 76024									
Name of Authorized Transporter of Casinghead Gas Warren Petroleum Corp or Dry Gas Po Box 1589, Tuisa, or Ry in formity to be								formulaxo be se	int)	
If well produces oil or liquids, give location of tanks.							en? 1957			
If this production is commingled with that	from any other	lease or po-	ol, give comming	ling order numb	xer.					
IV. COMPLETION DATA		Oil Well	1 6 17	1		(_)	,	<u></u> ,	
Designate Type of Completion	- (X)		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ate Spudded Date Compi. Ready to Prod.			rod.	Total Depth			P.B.T.D.	•		
Elevations (DF, RKB, RT, GR, etc.)	Name of Prod	lucing Form	ation	Top Oil/Gas Pay			Tubing Depth			
Perforations	Depth Casing Shoe									
	ודד	BING C	ASING AND	CEMENTIN	IC PECODI		<u> </u>			
HOLE SIZE	TUBING, CASING AN HOLE SIZE CASING & TUBING SIZE				DEPTH SET			2401/0.0511		
Onoma a rooma a			ING OILL	 	DEFIN SET		SACKS CEMENT			
· · · · · · · · · · · · · · · · · · ·	 				·		 			
	+			 		 				
	+								- 	
V. TEST DATA AND REQUES				<u></u>			<u> </u>			
OIL WELL (Test must be after r. Date First New Oil Run To Tank		volume of l	oad oil and must					for full 24 how	·s.)	
	Date of Test			Producing Me	thod (Flow, pur	np, gas lýt, e	ıc.)			
Length of Test	Tubing Pressu	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.			Gas- MCF			
GAS WELL			<u> </u>	'						
Actual Prod. Test - MCF/D	Length of Test	ī ·		Bbls. Condens	ale/MMCF		Gravity of C	ondensate		
Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC.	ATE OF C	OMPLI	ANCE	_	^^*	0		.		
I hereby certify that the rules and regulations of the Oil Conservation				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.				JUL 1 2 1993						
Points!				Date	Approved					
Signature Signature				By ORIGINAL SIGNED BY JERRY SEXTON						
Pat McGee Land Manager Printed Name Title					DIS	IRICT I SL	PERVISOR	}		
6/8/93	915/	′685 - 5		Title_			 -			
Date		Telepho								

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.