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

State of New Mexico

___rgy, Minerals and Natural Resources Departme...

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 II
P.O. Drawer DD, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator		10 1111		<u> </u>				API No.				
Oxy USA, Inc.							30-025-05822					
Address												
PO Box 50250, 1	Midlar	nd, TX	7	9710								
Reason(s) for Filing (Check proper box)					Ou	er (Please expl	ain)	WE				
New Well Change in Transporter of:												
ecompletion Oil Dry Gas					Effective February 1, 1993							
Change in Operator	ensate											
If change of operator give name	rgo Or	nerati	na .	Inc	PO Bo	x 3531,	Midla	nd. TX	7970	2		
and address of previous operator <u>51.</u> II. DESCRIPTION OF WELL				11.017		,						
Lease Name					ting Formation			Kind of Lease		ease No.		
East Eumont Unit		84	1		Yates	SR QN	State,	Bèderal or Fe	E-27	4		
Location		·	<u> </u>									
Unit Letter B	. 660		Feet F	From The No	orth Lin	1980	D F	et From The	East	Line		
Section 34 Townshi	<u>195</u>		Range	. 37E	, N	мрм, L ϵ	ea			County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	ND NATU	RAL GAS	-	TA					
Name of Authorized Transporter of Oil	<u> </u>	or Conder	isale		Address (Gi	ie address to wi						
Koch Oil Company	PO Box 1558, Breckenridge, TX 76024											
Name of Authorized Transporter of Casinghead Gas Warren Petroleum Corp 2020130					Address (Give address to which approved copy of this forming be sent)							
If well produces oil or liquids,	Unit	Sec.	Twp. Rge.		is gas actual	y connected?	When	When ?				
give location of tanks.	įР	35	199	5 37E	Yes				1958			
If this production is commingled with that	from any ou	ner lease or	pool, g	ive comming	ing order num	ber:						
IV. COMPLETION DATA												
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion					<u> </u>	<u></u>	1	·	<u> </u>			
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Elevations (Dr., IND., Nr., ON, Ele.)								Tubing Deput				
Perforations					1	Depth Casing Shoe						
									-			
		TUBING.	CAS	ING AND	CEMENTI	NG RECOR	D					
HOLE SIZE	,	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES												
OIL WELL (Test must be after re	ecovery of la	otal volume	of load	oil and must	be equal to or	exceed top allo	wable for thi	depth or be	or full 24 how	rs.)		
Date First New Oil Run To Tank	Date of Te	st			Producing M	ethod (Flow, pu	ımp, gas lift, e	ic.)				
								10 1 6				
Length of Test	Tubing Pressure				Casing Press	ire		Choke Size				
								Co. MCF				
ctual Prod. During Test Oil - Bbls.					Water - Bbls			Gas- MCF				
					<u> </u>			<u> </u>	 .			
GAS WELL	- -	. –										
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
esting Method (pion, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COMP	TAT	NCF								
· •• • • • • · · ·				IVCL	(DIL CON	(SERV	NOITA	DIVISIC	N		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					1111 4 0 1000							
is true and complete to the best of my knowledge and belief.					Date	Annrous	d Ji	儿 12	1993			
	-11/1	1/1			Date	Approve	·					
(Delle 1910)					ORIGINAL SIGNAL ALLAY SEXTON							
Signature					By DISTRICT I SUPERVISOR							
<u> Pat McGee</u>	La	nd Ma		<u>er </u>					· ·			
Printed Name 6/8/93	Ω1	5/685	Title	00	Title	· · ·						
Date	21		phone									
_ au					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.