Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1986, Hobbs, NM 88240

State of New Mexico F gy, Minerals and Natural Resources Departme

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

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

P.O. Box 2088

OIL CONSERVATION DIVISION

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

Santa Fe, New Mexico 87504-2088

I.	nec					ATURAL G					
Operator	L AIND IN	TIDNALG	Well	API No.		<u> </u>					
Oxy USA, Inc. 30-025-05827											
PO Box 50250,	Midla	nd, T	x 7	79710							
Reason(s) for Filing (Check proper box)					O:	her (Please expl	lain)	UNE			
New Well Change in Transporter of: Recompletion Cil Dry Gas Effective Transporter 1,									1, 199	3	
Recompletion X	Oil Casinghe	L_	Dry (Gas		HITEC CI	. v e		1, 100	J	
If change of operator give name	<u>_</u>					2521		3	. 7070		
and address of previous operator <u>S1</u>	rgo O	perat:	ing	Inc.	, PO BO	ox 3531,	Midia	and, Th	7970		
II. DESCRIPTION OF WELL	AND LE		1_								
Lesse Name East Eumont Unit	Well No. Pool Name, Includi 90 Eumont						of Lease No. Bederal or Fee E-274		ease No. 274		
Location		100		dinoire	Taces	DR QN					
Unit Letter H	_ :66	50	_ Feet I	From The	East Li	ne and 19	80 _F	eet From The	North	l Line	
24	1,	20				- -					
Section 34 Townshi	p 19	98	Range	e 37E		мрм, Le	ea			County	
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL A	ND NATU	RAL GAS	TA					
Name of Authorized Transporter of Oil	X	or Conde	nsale			ve address to wi					
Koch Oil Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas					PO Box 1558, Breckenridge, TX 76024						
Name of Authorized Transporter of Casinghead Gas or Dry Gas Warren Petroleum Corp.					Address (Give address to which approved copy of this commission be sent) PO Box 1589, Tulsa, OK 74102					nt)	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actual	ly connected?	When	?			
zive location of tanks.	I P	J 35		37E	Yes				1958		
If this production is commingled with that to IV. COMPLETION DATA	.rom any ot	her lease or	pool, g	ive comming	ling order num						
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion							İ	<u> </u>	<u>i</u>		
Date Spudded	Date Com	pi. Ready to) Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casin	g Shoe		
		TUBING.	CASI	NG AND	CEMENTI	NG RECOR	D	1	- 4.7-		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	-			<u> </u>		·	 .				
											
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		·			<u> </u>			
OLL WELL (Test must be after re Date First New Oil Run To Tank			of load	oil and muss		exceed top allo ethod (Flow, pu			or full 24 hour	s.)	
Date First New Oil Kun 10 lank	Date of Te	g.			Producing M	eurou (<i>r tow, pw</i>	тр, даз іўі, г	(C.)			
ength of Test	Tubing Pressure				Casing Pressure			Choke Size			
								Con VCP			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
CAC WELL					<u> </u>			<u> </u>			
AS WELL Length of Test Length of Test					Bbls, Conden	sale/MMCF		Gravity of C	ondensale		
								,			
esting Method (pitot, back pr.)	Tubing Pre	essure (Shut-	·in)		Casing Press.	ire (Shut-in)	7.1.1	Choke Size			
					.						
/I. OPERATOR CERTIFICATE OF COMPLIANCE					(DIL CON	SERVA	NOITA	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					11					•	
is true and complete to the best of my knowledge and belief.					Date	Approved	<u> </u>	12 19	9 5		
Post MM.					Date Approved						
Signature Signature					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
<u>Pat McGee Land Manager</u>						-	iwisiwi i				
Printed Name 6/8/93	91	5/685	Title - 5 6 (0.0	Title						

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.