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DX 1980, Hobbs, NM 88240

State of New Mexico 3y, Minerals and Natural Resources Departme

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

RICT II Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

IRICT III 0 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator				<u> </u>			Weil	API No.			
Oxy USA, Inc.							30	0-025-	05830		
Address								 			
PO Box 50250,	Midla	nd, T	x 7	79710						<u>.</u>	
Reason(s) for Filing (Check proper box)			_	_	U Oth	cs (Please expl	ain) Ju	NE			
New Well	0.1	Change in	-		F f	fective	a Babre	idry 1,	1993		
Recompletion	Oil Casinghea	.d.Car. □	Dry Ga Conde		7.61	TECCTA			1000		
If change of operator give name	irgo O				PO Box	3531,	Midlar	nd, TX	79702		
and address of previous operator											
Lease Name		Well No. Pool Name, Including				A. A			M Lease No. Pederal or Fee D COOO		
East Eumont Unit		98	Eu	mont '	Yates S	ites SR QN (State, recoral of Fee E-6888				88	
Location	c.c.	^		•	34	100			C + h		
Unit LetterI	_ : <u>660</u>	<u>. </u>	Feet Fr	rom The	Last Lin	and198	50 Fe	et From The	South	Line	
Section 35 Townst	nip 195	3	Range	371	Ξ .Ν	мрм, Le	ea			County	
III. DESIGNATION OF TRAI						<u> </u>					
Name of Authorized Transporter of Oil	131 OKIE	or Conden		C NATO	Address (Giv	e address to wi	hich approved	copy of this fo	orm is to be se	·nt)	
INJECTION								, ;	1	·	
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually connected? When			?			
If this production is commingled with tha	from any out	ner lease or	pool, giv	ve commingl	ing order num	xer:					
IV. COMPLETION DATA							·,				
Parismon Time of Completion	~	Oil Well	_ [•	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		al Banduta			Total Depth		L	BRTD			
e Spudded Date Compl. Ready to Prod.					•			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					1			Depth Casin	g Shoe		
								<u> </u>			
TUBING, CASING AND											
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
	-							 			
				 	 						
								 			
V. TEST DATA AND REQUE	ST FOR A	ALLOWA	ABLE								
OIL WELL (Test must be after	recovery of to	otal volume	of load	oil and must					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	st			Producing M	ethod (Flow, pi	emp, gas lift, e	eic.)			
					Casing Pressure			Choke Size	Choke Size		
Length of Test	Tubing Pressure				Casing Flessure						
Actual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF	Gas- MCF		
Actual Flots During Foot											
CACHIELI					4			· · · · · · · · · · · · · · · · · · ·			
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	MMCF		Gravity of C	Condensate		
Committee for the care											
esting Method (puol, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choke Size		
- · · · · · · · · · · · · · · · · · · ·					ļ						
VI. OPERATOR CERTIFIC	CATE OF	COMF	PLIAN	NCE			ICEDV	ATION	טואופוכ)NI	
I hereby certify that the rules and regulations of the Oil Conservation					11 '	DIL CON	10 M	~1 % '%	331 A 1216	NI V	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							002				
is true and complete to the best of my	MIOMIEGRE I	21 1			Date	Approve	d				
(m/T/14/100									CONTRACTOR STATES	714 °	
Signature					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Pat McGee											
Printed Name 6/8/93	0.1	5/685	Title - 5.61	0.0	Title						
Date 0/8/95			ephone i								

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.