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

State of New Mexico gy, Minerals and Natural Resources Departme

Form C-104 Revised 1-1-89 e Instructi at Bottom of Page

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. 30-025-05833 Oxy USA, Inc. Address PO Box 50250, Midland, TX79710 Reason(s) for Filing (Check proper box) Other (Please explain) JUNE New Well Change in Transporter of: Tary 1, 1993 Effective Recompletion Oil Dry Gas X Change in Operator Casinghead Gas Condensate If change of operator give name PO Box 3531, Midland, 79702 Inc., TX Sirgo Operating, and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee Lease No. East Eumont Unit 94 E-5553 Eumont Yates SR QN Location __ Feet From The NorthLine and 990 East 1980 Unit Letter H Feet From The Line 37E Lea 19S Range 35 Township County 1 H III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) X Koch Oil Company PO Box 1558, Breckenridge, TX 76024 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this forming be sent)
PO BOX 1589, Tulsa, OK 74102 X or Dry Gas [Warren Petroleum Corp. If well produces oil or liquids, Unit Rge. is gas actually connected? Sec. Twp When? give location of tanks. 35 NA P |195|37E Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen Plug Back | Same Res'v Diff Resy Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tank Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (puot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION PHASION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved _ ORIGINAL SIGNED BY JERRY SEXTON

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

Land

Signature Pat McGee

Printed Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

DISTRICT I SUPERVISOR

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Manager

/685<u>-5600</u> Telephone No.

Title

- 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.