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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 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., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.		OTRA	NSP	ORT OIL	AND NA	TURAL GA					
Operator Oxy USA, Inc.						Well API No. 30-025-05837					
Reason(s) for Filing (Check proper box)	ritutan	α, 1.		7 7 7 1 0	Oth	er (Please expla	zin) TL				
New Well	1	Change in	Transp	orter of:		. (		w/			
Recompletion	Oil		Dry G		Εf	fective	Fobre	$-4v_T$ 1,	1993		
Change in Operator	Casinghead	Gas 🗌	Conde	nsate							
If change of operator give name	rao Op	erati	nα.	Inc.	PO Box	3531,	Midlar	nd, TX	79702		
and address of previous operatorS1	<u> 190 op</u>	0100									
II. DESCRIPTION OF WELL		SE Well No.	<del></del>		<b>-</b>		120. 4			<del></del>	
Lease Name	rates SR QN  Kind of Lease  Kind of Lease  State Federal or Fee  B-5553					<b>386</b> No. 553					
East Eumont Unit		101	150	inione.	iaces c	M QN					
Unit Letter O	, 760		East E	imm The	South Lin	198	3.0	et From The	East	Line	
Unit Letter	- :		rea r	Tom Inc		e and	re	et riom ine.	<del>- · · · </del>	Line	
Section 35 Townshi	, 19s		Range	371	E , N	мрм, Le	ea			County	
III. DESIGNATION OF TRAN		or Conden	•	D NATU							
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
INJECTION  Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Catalogical Cas											
If well produces oil or liquids,	Unit Sec. Twp.			Rge.	Is gas actually connected? When ?						
give location of tanks.	<u>ii</u>										
If this production is commingled with that	from any other	r lease or	pool, gi	ve commingi	ing order num	beг:					
IV. COMPLETION DATA		, <del></del>			<u> </u>	1		1	<del>,</del>		
Designate Type of Completion	<b>-</b> 00	Oil Well	ļ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
te Spudded Date Compl. Ready to Prod.				<del></del> -	Total Depth	<u> </u>	1	P.B.T.D.			
sate Speaker Date Complete Com											
Elevations (DF, RKB, RT, GR, etc.)	RKB, RT, GR, etc.) Name of Producing Formation					Pay	· · · · · · · · · · · · · · · · · · ·	Tubing Depth			
Perforations								Depth Casin	ig Shoe		
			0 + 01		CTL CL ITT	NC DECOR					
	TUBING, CASING AND CASING & TUBING SIZE				CEMENTI	DEPTH SET		SACKS CEMENT			
HOLE SIZE	HOLE SIZE CASING & TOBING SIZE					DEFIN SET		State Series			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE								
OIL WELL (Test must be after r			of load	oil and must	be equal to of	exceed top allo	wable for thi	s depth or be	for full 24 hou	rs.)	
ate First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Press	ure					
Length of Test	Tubing Pressure										
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
GAS WELL	<del></del>										
Actual Prod. Test - MCF/D	Length of T	esi		·	Bbls. Conde	nsate/MMCF		Gravity of (	Condensate		
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	l				J						
VI. OPERATOR CERTIFIC	ATE OF	COMF	LIA	NCE			ISEDV	ΔΤΙΩΝΙ	טואופוכ	M	
I hereby certify that the rules and regul	ations of the C	Dil Conser	vation				NOLIT V	AHON	אוטועוייום	ZIN	
Division have been complied with and is true and complete to the best of my	that the infort	nation giv d belief	en abov	/c		- A · ·	٠ است	<b>.</b>			
is true and complete to the best of my	الاحد	2			Date	e Approve	a – 1111	<del>. 13 1</del> 9	193		
	1///	/									
Signature		-			∥ By_	ORIG			RY SEXTO	4	
Pat McGee						-		' i SUPERV			
Printed Name 6/8/93	0.1	5/685		0.0	Title						
Dale 0/0/75	71.		phone								

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.