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

بالمدادي للالماء أن كلفاد Fnergy, Minerals and Natural Resources Department

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, Antesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Oxy USA, Inc.					•			API No. -025-0	5862		
Address		1									
PO Box 50250,	Midlan	d, TX	7971	10	01	- /D/		<b>5(</b>			
Reason(s) for Filing (Check proper box)  New Well		Channa in 1	Tonomorton	~ f.		er (Please expl	ain)	INNE			
· <del>-</del>	0.1		Transporter (			Effecti	ve <del>Pel</del>	THE PARTY	1, 199	3	
Recompletion	Oil Control	_	Dry Gas					- 4. 2	•		
f above of courter size com-	Casinghea		Condensate		<del></del>						
f change of operator give name and address of previous operator Si	rgo Op	erati	ng, Ir	nc.	, PO Bo	x 3531,	. Midla	nd, TX	7970	2	
I. DESCRIPTION OF WELL	AND LEA										
i i								of Lease		ease No.	
East Eumont Unit	East Eumont Unit 116   Eumont				Yates SR QN Sine,			Federal or Fee B-2656			
Location Unit Letter	. 198	80	Feet From T	he	South <sub>Lie</sub>	and19	80F	et From The .	East	Line	
Section 2 Townsh	ip 20:	S :	Range	37E	. NI	мрм. Le	ea			County	
				1 TT A		<u>y</u>			<del></del>	<u> </u>	
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	(SFURIE	or Condens		AIU		e address to wi	hich approved	conv of this f	orm is to he s	ent)	
Koch Oil Company	$[\Delta]$	0, 00,000			1	1558,					
Name of Authorized Transporter of Casin	ghead Gas	X O	or Dry Gas	$\overline{}$	Address (Giv	a address to mi	bich consound	com of this f			
Warren Petroleum		KA (	or Diy Gas	<u></u>	PO Box	1589,	Tulsa	OK 7	4102	ini)	
If well produces oil or liquids.	<del></del> ,-	Sec.	Twp.	Roe	is gas actually	v connected?	When	2	<del></del>		
ive location of tanks.	I D		19s  31		Yes	, command	When	•	NA		
this production is commingled with that	<del></del> _				I	×r.					
V. COMPLETION DATA		or 10000 or p	JOI, <b>3</b> , 10 001		ILB OLGOL HERIN	~			<del></del>		
Designate Type of Completion	- (X)	Oil Well	Gas V	Vell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		i. Ready to I	Prod.		Total Depth		L	P.B.T.D.	<u>L</u>	_1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producit			ng Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
-cuoranom								Deput Casin	g snoe		
	т	UBING. C	CASING	AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET	<del></del>	5	SACKS CEM	ENT	
			<del></del>								
. TEST DATA AND REQUE	T FOR A	LLOWA	BLE		·						
OIL WELL (Test must be after t				d musi	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes					thod (Flow, pu					
									Choke Size		
ength of Test	Tubing Pressure				Casing Pressure			Cnoke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
GAS WELL	1				<del></del>			1			
Actual Prod. Test - MCF/D	Length of 7	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
					ļ						
I. OPERATOR CERTIFIC	ATE OF	COMPL	LIANCE	•		NI 001	ICED\/	A TION I		<b>NA</b> 1	
I hereby certify that the rules and regul	ations of the	Oil Conserva	tion		'	DIL CON	12 E L V		אופועור	ZIN	
Division have been complied with and that the information given at ove					JUL <b>1</b> 3 <b>1993</b>						
is true and complete to the best of my	knowledge an	d belief.			Date	Approve	d				
Part	M					1- I- : - : -					
	Ufle				∥ ву_	ORIGI	NAL SIGNI	ED BY JERR	RY SEXTOR	4	
Signature	ıæ.	nd Mar.	der		-			I SUPERVI			
Printed Name	பவ		Title		Tale						
6/8/93	91!	5/685 <del>-</del>			Title					****	
Date			hone No.								

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.