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

Firergy, Minerals and Natural Resources Departmen

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						Wel	I API No.				
Oxy USA, Inc						3	0-025-0)6064			
Address		1	50510				· · · · · · · · · · · · · · · · · · ·				
PO Box 50250	·	id, TX	79710								
Reason(s) for Filing (Check proper below Well	ox)	Change in To		∐ O₁	ner (Please exp	lain)	JUNE				
Recompletion	Oil	Change in Tr	ty Gas		Effect:	ive 🖽	banana	1, 199	3		
Change in Operator	Casinghea	_	ondensate					_,			
change of operator give name	Sirgo Or			, PO Bo	x 3531	, Midl	and, TX	7970)2		
I. DESCRIPTION OF WE	LL AND LE										
Lease Name	1.	Well No. Pool Name, Included 127 Filmont			•			TC-	LC-031620B		
East Eumont Uni	τ	127	Eumont	rates	SR QN	3(20	Federal br Fe	<u>в</u> пс-с	7310201		
Unit Letter	: 660) Fe	et From The	North Lin	e and51	01	Feet From The	West	Line		
Section 12 Tow	raship 203	5 R	inge 37E	, N	мрм, Се	ea			County		
II. DESIGNATION OF TR	ANSPORTE	R OF OIL	AND NATU	RAL GAS							
Name of Authorized Transporter of C	X) [X)	or Condensate			e address to w	hich approve	d copy of this	orin is to be s	ent)		
	Koch Oil Company					PO Box 1558, Breckenridge, TX 76024					
Name of Authorized Transporter of C Warren Petroleu		X or	Dry Gas	Address (Giv	1589	hick anorme	d copy of this !	74702 bes	eni)		
f well produces oil or liquids,	Sec. Tv	m Ree				When?					
ive location of tanks.	Unit P	•	9S 37E	Yes	Compared	wne	u /	NA			
this production is commingled with	that from any other	er lease or poo	l, give comming	ing order numl	per:						
V. COMPLETION DATA		Oil Well	Gas Well	New Well	- 11/2 L		γ 	Y			
Designate Type of Complete	ion - (X)	I Ou well	Oas well	I New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Comp	i. Ready to Pro	×4.	Total Depth		L	P.B.T.D.	L			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
erforations							Depth Casin	g Shoe			
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	า	URING CA	SING AND	CEMENTIN	IC PECOR						
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CENTRIT			
11000 0120	- Orice	CASING & TUBING SIZE			DEF III DET			SACKS CEMENT			
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·									
. TEST DATA AND REQU											
IL WELL (Test must be aft ate First New Oil Run To Tank	Date of Test		ad oil and must		exceed top allo th∞d (Flow, pu			or full 24 how	rs.)		
ate First New Oil Run 10 Tank	Date of less			Producing Me	unos (Flow, pu	тр, даз іуг,	eic.j				
ength of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size			
ctual Prod. During Test	Prod. During Test Oil - Bbls.			Water - Bbis.			Gas- MCF				
											
GAS WELL	· ,			N.	0.675	-					
ctual Prod. Test - MCF/D	Length of To	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
							<u> </u>				
I. OPERATOR CERTIF					IL CON	SERV.	ATION I	NVISIC)N		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION							
is true and complete to the best of r				Date	Approved	JU 1	L 13 19	93			
(m)	7/19/1.										
Signature	By ORIGINAL SIGNED BY JERRY SEXTON										
Pat McGee Land Manager				DISTRICT I SUPERVISOR							
6/8/93	915	/685-5	· 1	Title_							
Date		Telephon									

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.