

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator	OXY USA Inc.	Well APN No.	30-025-07021
Address P.O. Box 50250 Midland, TX. 79710			
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) Commingle Wantz - Abo/Granite Wash per Order #DHC-850.			
New Well	<input type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator	<input type="checkbox"/>		

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Owen	Well No.	1	Pool Name, including Formation	Wantz - <del>2088</del> /Granite Wash	Kind of Lease	State, Federal or Fee	Lease No.
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>35</u> Township <u>21S</u> Range <u>37E</u> , <u>NMPM</u> Lea County								

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Co.	Box 5568 T.A. Denver, Co. 80217
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texaco Exploration&Production Inc.	Box 3000 Tulsa, OK. 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ?
	P 35 21S 37E Yes

If this production is commingled with that from any other lease or pool, give commingling order number:

DHC-850

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	XX			XX				
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
	11/3/92		7524'		7509'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3368'	ABO GRANITE WASH		6595' - 7426'		7494'			
Perforations			Depth Casing Shoe					
6595'-7155' - ABO	7426'-7490' - GRANITE WASH		7523'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		293'		250			
12 1/4"	9 5/8"		2824'		1500			
7 7/8"	5 1/2"		6411'		350			
4 7/8"	4"		7524'		85			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	11/12/92	pump 2" X 1 1/2" X 24' BHD	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	-----	----	---
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
(DHC 850)	Abt 50% (11) 22	3	Abt 79% 38

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Signature David Stewart Prod. Acct.  
Printed Name 2/1/93 Title 915-685-5717  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 05 1993  
By ORIGINAL SIGNED BY ATION  
Title ENVIRONMENT SUPERVISOR

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.