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

State of New Mexico .ergy, Minerals and Natural Resources Departness:

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., Azzec, NM 87410

I.						AUTHURI TURAL GA					
Operator		IO INAI	45FC	JAT OIL	- VIAD IAV	I UNAL GA		API No.			
OXY USA Ir				3002508943							
Address	10.								00230034		
P.O. Box 5	0250 Mi	dland,	TX.	79710	ı						
Reason(s) for Filing (Check proper box					Oti	nes (Please explo	244)				
New Well		Change in I	-								
Recompletion 2	Oil	L⊓	Dry Gas	, <u>X</u> X							
Change in Operator	Casinghea	d Gas 🔲 🤇	Conclen	rate 🗌							
If change of operator give name								•			
and address of previous operator											
IL DESCRIPTION OF WEL	L AND LEA										
Lease Name		Well No. Pool Name, Includi						of Lease Federal or,Fg		Lease No. 14080013450	
Closson C		l Jalmat Tan			sil YT 7 RVR PG			AAA'		14080013430	
Location	. 66	0			Iorth	. 660	1		East		
Unit Letter A	:	<u> </u>	Feet Pro	an The	Lin	e and	F	et From The	- Last	Line	
Section 18 Town	unhin 22	ς ,		36E	. N	1.004	Lea			C	
Section 18 Town	antp 22	<u> </u>	ganta		·	МРМ,				County	
III. DESIGNATION OF TRA	ANSPORTE	R OF OII	. A NT	NATI	RAL GAS						
Name of Authorized Transporter of Oi		or Condens				ne address to wh	ii:k approved	copy of this f	form is to be a	est)	
•			L		,		••			•	
Name of Authorized Transporter of Ca	singhead Gas		r Dıy C	Gas X	Address (Gir	e adáress to wh	ii:k approved	copy of this f	orm is to be s	ent)	
Sid Richardson Carbo						201 Main St. Ft. Worth					
If well produces oil or liquids,	Unit	Sec. 1	wp.	Rge.	Is gas actual	y connected?	When	7			
give location of tanks.	A	18	22	36	Ye	s		-			
f this production is commingled with t	nat from any othe	er lease or po	ol, pive	comming	ing order num	ber:					
IV. COMPLETION DATA											
Designate Type of Completic	on - (X)	Oil Well	G	as Weii	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		i. Ready to P	rod.		Total Depth	<u> </u>	L	P.B.T.D.	l		
								1.5.1.5.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Form	nation		Top Oil/Gas	Pay		Tubing Dep	(h		
Perforations								Depth Casing Shoe			
	T	TUBING, CASING AND				CEMENTING RECORD					
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								ļ			
								1		·	
V. TEST DATA AND REQU										,	
OIL WELL (Test must be after			load of	i and must					for Juli 24 hou	F3.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubina Da	Tubing Pressure				TLE	.	Choke Size		_	
Length of Test	Tubing Fres					40					
Actual Prod. During Test	Oil - Rhie	Oil - Bbls.				Water - Bbis.					
Assert 11on During 1on	Oil - Boil.										
C + C TITL :					L						
GAS WELL	1 and -4 7	· · · · · · · · · · · · · · · · · · ·			Bbis. Conder	rote/AAACE		Gravity of C	ondenests	·	
Actual Prod. Test - MCF/D	Length of T	COL.			DUIS. CORGET			Gravity Of C	ANUCUANIC		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)											
	<u> </u>		T A					ļ			
VI. OPERATOR CERTIF				CE	1	DIL CON	SERV	MOITA	DIVISIO	N	
I hereby certify that the rules and re- Division have been complied with a					`					- 1 7	
is true and complete to the best of n			acc) YC			A = · ·		<u></u>			
					Date	Approved	J				
11. 10	1										
Signature Signature	-				By_						
David Stewart		Prod	. Ac	ct.							
Printed Name		_	itle		Title						
2/20/92	91	<u>5-685-5</u>									
Date		Teleph	one No.	•	11						

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.