

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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 API No. 30-025-97511 25779
Address P.O. Box 50250 Midland, Texas 79710		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <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. 8	Pool Name, Including Formation Tubb Oil & Gas	Kind of Lease Fee State, Federal or Fee	Lease No. -----
Location Unit Letter I : 1830 Feet From The South Line and 710 Feet From The East Line Section 35 Township 21S Range 37E, NMPM, 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"/> Texas New Mexico Pipeline co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510 Midland, Tx. 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Producing Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1231 Midland, Tx. 79701					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 35	Twp. 21S	Rge. 37E	Is gas actually connected? Yes	When? -----

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded Respudded 7/28/88	Date Compl. Ready to Prod. 9/3/88	Total Depth 7825'	P.B.T.D. 7311'					
Elevations (DF, RKB, RT, GR, etc.) 3370' GR	Name of Producing Formation Tubb	Top Oil/Gas Pay 6120'	Tubing Depth 6009'					
Perforations 4 SPF @ 6120, 24, 31, 36, 45, 53, 60, 78, 93, 96, 6207, 19, 28, 35, and 6251'. Total of 60 holes (0.49" dia & 13.36" pen)	Depth Casing Shoe 7824'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		30'		81			
12-1/4"	9-5/8"		1119'		550			
8-3/4"	7"		7824'		2650			

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 2/10/89	Date of Test 2/17/89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 50	Casing Pressure	Choke Size open
Actual Prod. During Test	Oil - Bbls. 11	Water - Bbls. 4	Gas - MCF 500

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.

✓ *JA Vitrans*

Signature
F.A. Vitrano Dist. Oper. Mgr. - Prod.
Printed Name
3/9/89 Title
915-685-5717
Date Telephone No.

OIL CONSERVATION DIVISION

MAR 13 1989

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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.

11/11/11 10:11 AM

WOMAN IN RED COAT STATION JAMON
11/11/11 10:11 AM

RECEIVED

MAR 10 1989

OCD
HOBBS OFFICE