

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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator OXY USA Inc.		Well API No. 30-025-20397
Address P.O. Box 50250 Midland, TX. 79710		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Well was re-entered & completed.	
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 State AO	Well No. 2	Pool Name, including Formation Eumont Yates 7 Rvrs Queen	Kind of Lease State, Federal or Fee State	Lease No. B1481
Location Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line Section 2 Township 21S Range 36E, NMPM, Lea County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Northern Natural Gas CO.	P.O. Box 1188 Houston, TX. 77251-1188					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When? 2/3/92

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
		X						
Date Spudded 5/24/91	Date Compl. Ready to Prod. 7/24/91		Total Depth 11050'		P.B.T.D. 3675'			
Elevations (DF, RKB, RT, GR, etc.) 3514'	Name of Producing Formation Queen		Top Oil/Gas Pay 3544'		Tubing Depth 3507'			
Perforations 3544'-3652'					Depth Casing Shoe 3695'			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	13 3/8"		429'		400			
12 1/4"	9 5/8"		3695'		750			
	2 3/8"		3507'					

**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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

**GAS WELL**

Actual Prod. Test - MCF/D 21	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate -----
Testing Method (pilot, back pr.) Back Pr	Tubing Pressure (Shut-in) 80	Casing Pressure (Shut-in) ---	Choke Size Open

**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   
Printed Name David Stewart Prod. Acct.  
Date 2/11/92 Telephone No. 915-685-5717

**OIL CONSERVATION DIVISION**

FEB 13 1992

Date Approved \_\_\_\_\_

By \_\_\_\_\_  
JERRY LEATON  
DIVISION MANAGER

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.