Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Departnent

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 Brizos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.	TOTRA	NSPORT O	IL AND NA	TURAL G	AS				
Operator					1	API No.			
Oxy USA, Inc	<u>c.</u>		****		30	-025-1	0533	OK	
	0, Midland, TX	79710							
Reason(s) for Filing (Check proper b			Ou	ner (Please exp	lain)				
New Well	Change in T	nansporter of:		·	•				
Recompletion	Oil 🔲 I	Ory Gas 🔲		Effect	ive Fe	bruary	1, 199	93	
Change in Operator	Casinghead Gas (Condensate							
If change of operator give name and address of previous operator	Sirgo Operati:	ng, Inc.	., PO Bo	ox 3531	, Midl	and, TX	7970)2	
II. DESCRIPTION OF WE	II AND I DASE						··· · · · · · · · · · · · · · · · · ·		
Lease Name		ool Name, Inclu	ding Formation		Kind	of Lease	7 1	ease No.	
Skelly Penrose '		-		= 1 . //= /		Fee No.			
Location							1 4 5 5		
Unit Letter I	<u>. 1980</u> . r	eet From The S	outh Lin	e and 330	F	eet From The _	East	Line	
					•			Lane	
Section 31 Tow	vaship 22S R	lange 37E	, N	MPM,	Lea			County	
III. DESIGNATION OF TR	ANSDADTED AF AII	A NID. NI A TTT	IDAL CAC						
Name of Authorized Transporter of C	Oil XX or Condensal		Address (Giv	e address to wi	uch approve	d conv of this fo	rm ie to he e		
Shell Pipeline (لـــا	Address (Give address to which approved copy of this form is to be sent) PO Box 1910, Midland TX 79702							
Name of Authorized Transporter of C GPM Gas Corp Texaco E&P Inc	Casinghead Gas X or	r Dry Gas	Address (Giy	e padress 10 ml	ich appraved	copy of this fo	rm is 10.b4 s4	(In:	
Texaco E&P Inc.			PO Bos	3600.	Tulsa	OK 741	02	で OK 740	
If well produces oil or liquids, give location of tanks.		wp. Rge.	. Is gas actually	y connected?	When	1.7			
		3S 37E	- A			Unknown			
f this production is commingled with IV. COMPLETION DATA	unat from any other lease or pox	oi, give comming	ung order numi						
	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Decty	Diff Res'v	
Designate Type of Complete	ion - (X)	1			l Bapan	1 ring back	Sallie Vez A	Dill Resv	
Date Spudded	Date Compl. Ready to Pr	od.	Total Depth			P.B.T.D.			
Et (DE DKD DE CD			7. 07/0	····					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		ation	Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
						Depair Casing	31100		
	TUBING, C	CEMENTING RECORD			<u>!</u>				
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
									
							···		
				····					
. TEST DATA AND REQU	JEST FOR ALLOWAB	LE	<u> </u>			٠			
IL WELL (Test must be aft	ter recovery of total volume of l	oad oil and must	be equal to or	exceed top allo	wable for this	depih or be fo	r full 24 hour	·s.)	
Date First New Oil Run To Tank	Date of Test		Producing Me	thod (Flow, pu	np, gas lift, e	ic.)			
			Coolean Doors			Challe Size	 		
ength of Test	gth of Test Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Prod. During Test Oil - Bbls.		Water - Bbls.			Gas- MCF			
.	O.1 - Dois.	2010.							
GAS WELL			1			1			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condens	ale/MMCF		Gravity of Co	ndensate		
							SIEVRY OF CONCENSALE		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size			
I. OPERATOR CERTIF	ICATE OF COMPLI	ANCE							
I hereby certify that the rules and re				IL CON	SERVA	ATION D	IVISIO	Ν	
Division have been complied with a is true and complete to the best of n	and that the information given a my knowledge and belief	bove							
2n	MM/		Date	Approved	FEE	0 4 199	3		
	111111						_		
Signature			By			 		<u> </u>	
P. N. McGee, At		1.				gira in a 👪			
Printed Name 1-15-93	Til. 915/685-5		Title_						
Date T 15 75	Telepho								

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.