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

## State of New Mexico nergy, Minerals and Natural Resources Departme.

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

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

Santa Fe, New Mexico 87504-2088

I.	REC	NUEST R TO TR	FOR A	ALLO' PORT	WA O	NBLE AND IL AND NA	AUTHOF	RIZATION Bag	1			
Operator			17 (1 (0)	0111		IL AIRD IAA	HOHALC		I API No.			
Oxy USA, Inc.			T 5W					3(	0-025-	10537	1.1	
Address PO Box 50250,	Midla	and. T	٠× د	7971	n							
Reason(s) for Filing (Check proper box)				1011	<del>.</del>	Ou	ner (Please exp	olain)				
New Well		Change i	in Trans	porter of	:							
Recompletion	Oil		Dry (	Gas		E	ffèctiv	e Febi	cuary 1	, 1993		
Change in Operator	Casingh	ead Gas	Cond	ensate								
If change of operator give name and address of previous operator Si	rgo Op	perati	ng,	Inc	٠,	PO Bo	x 3531,	Midla	and, TX	79702		
II. DESCRIPTION OF WELL	AND LE	EASE										
Lease Name Skelly Penrose "B	"B" Unit 16 Pool Name, Includ					ing Formation	✓ SR_O-	Kind CB State	of Lease	of Lease No. Federal of Fee		
Location			1			- 114 CC12	2 21. 0	GD State	, receiver	<u> </u>	<u> </u>	
Unit Letter P	_ :99	0	_ Feet F	From The	e	South Lin	e and66	0 ,	eet From The	East	Line	
Section 32 Townsh	ip 22	ς	D	. 3	7E	,		Lea	7.10			
			Range			<del></del>	МРМ,	Lea			County	
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	NSPORTI	or Conde	IL AN	ND NA	TU	RAL GAS	<del></del>					
INJECTION		or conde	n sate			Address (Giv	e address 10 w	hich approve	d copy of this	form is to be s	ent)	
Name of Authorized Transporter of Casin	ighead Gas		or Dry	Gas [	<u></u>	Address (Giv	e address 10 w	hich approve	d copy of this	form is so be se	eni)	
If well produces oil or liquids,	Unit	Sec.	Twp.	1 7	Røe.	Is gas actually	v connected?	When	n ?			
give location of tanks.	<u> </u>	İ	<u>L</u>	1					When?			
f this production is commingled with that V. COMPLETION DATA	from any ou	her lease or	pool, gi	ve comm	ning	ling order numb	xer:					
Designate Type of Completion	- (X)	Oil Well		Gas We	lI	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.			Total Depth		1	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Perforations						Top Oil/Gas F	°ay		Tubing Dep	Tubing Depth		
					•				Depth Casing Shoe			
									Depth Casin	ig Shoe		
	TUBING, CASING AND							D				
HOLE SIZE	OLE SIZE CASING & TUBING SIZE						DEPTH SET			SACKS CEMENT		
									<del> </del>			
. TEST DATA AND REQUES	T FOR A	HOW	RIF			<u> </u>			]			
IL WELL (Test must be after r				oil and n	141	be equal to or a	exceed top allo	wahle for thi	t denth or he i	for full 24 hour	- 0 1	
Pate First New Oil Run To Tank	Date of Te	st.	o) 1000			Producing Met				or just 24 nour	·S.)	
ength of Test	T 1: D					Code D				<del></del>		
engin of lea	Tubing Pressure				Casing Pressur	3		Choke Size				
ctual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
O A C TIME I	L	<del>-</del> ,							ļ	<del></del>	<del></del>	
GAS WELL  citizal Prod. Test - MCF/D	Length of	Test				Bbls. Condens	ate/MMCF		I Convinue CO			
					bois. Condensed High Ci			Gravity of Condensate				
sting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFIC	ATE OF	COM	TTAN	CE					L			
I hereby certify that the rules and regula				ICE		0	IL CON	SERVA	NOITA	DIVISIO	N	
Division have been complied with and that the information given above												
is true and complete to the best of my knowledge and belief.						Date Approved FEB 04 1993						
(I)WWYW.								411 AV	A CONTRACTOR OF THE STATE OF TH			
Signature MCCOO 311						Ву		****		4 4		
P. N. McGee, Atto	rney-ir		Tille				,			San Carrier Services	المعادلين المعددان	
1-15-93	9 :	15/685	5-56			litle_				<del></del>		
Date		Telen	hone No	<u> </u>	1	1						

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.

Telephone No.

- 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.