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

## State of New Mexico lergy, Minerals and Natural Resources Departi.

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

P.O. Drawer DD, Artesia, NM 88210

Sant

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								l	API No.				
Oxy USA, Inc								30	-025 <b>-</b>	30375	ĹK		
Address PO Box 50250	) Midla	nd my	, 7	9710									
Reason(s) for Filing (Check proper be		110, 17		9/10		A (D)	In in i						
New Well		Other (Please explain)											
Recompletion		Effective February 1, 1993											
Change in Operator	Oil Casinghea		Dry Gas Condens						1	,			
f change of operator give name nd address of previous operator	Sirgo O				, PO Bo	ox 3531	, M	idl	and, T	X 797	02		
I. DESCRIPTION OF WEI	LL AND LE	ASE											
case Name	Name Well No. Pool Name			me, Includ	luding Formation				Kind of Lease No.				
Skelly Penrose "	B" Unit	69	Lar	nglie	Matti	SR-Q-	GB	State,	Federal of F				
Location								·		<del></del>			
Unit Letter I	.1360	<del></del>	Feet Fro	om The SC	outh Lin	e and 1250	) .	F	et From The	East	Line		
Section 32 Tow	nship 22S		Range	37E	, N	мрм,	Lea				County		
I. DESIGNATION OF TR	ANSPORTE	R OF OI	L AND	) NATU	RAL GAS								
lame of Authorized Transporter of O		Address (Give address to which approved copy of this form is to be sent)											
Shell Pipeline C						1910,							
anie of Authorized Transporter of Casinghead Gas X or Dry Gas CPM Gas Corp Texaco E&P Inc					Address (Give address to which approved 1040 Plaza Of Bldg PO Box 3000 Tulsa				d copy of this form is to be sent)  , Bartles Ville OK 740  OK 74102				
f well produces oil or liquids, ve location of tanks.	Unit		Twp.	Rge.	is gas actuali	y connected?		When	?				
	F		23S	37E	Yes	<del></del>			Jnknow	n			
this production is commingled with the COMPLETION DATA	nat from any other	er lease or po	ool, give	comming	ling order num	ber:				· · · · · · · · · · · · · · · · · · ·			
Designate Type of Completi	on - (X)	Oil Well	Ga	as Well	New Well	Workover	De	epen	Plug Back	Same Res'v	Diff Res'v		
ate Spudded	udded Date Compl. Ready to Prod.				Total Depth				P.B.T.D.				
vations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth				
erforations					1		•		Depth Casir	ng Shoe			
									,				
	Т	UBING, C	CASIN	G AND	CEMENTI	NG RECOR	D		<del> </del>				
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
				<del> </del>									
						····							
TEST DATA AND REQU	EST FOR A	HOWAT	RIF		l				L				
L WELL (Test must be after				and must	he equal to or	erceed top alla	unhla	for this	denth or he	for full 24 hou	(FC.)		
te First New Oil Run To Tank	Date of Test		1000 011	una masi		thod (Flow, pu				jor juli 24 nou	23.)		
ngth of Test	Tubing Pres	Tubing Pressure				Casing Pressure				Choke Size			
tual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.				Gas- MCF			
A C THEFT I		· · · · · · · · · · · · · · · · · · ·							w.,				
AS WELL tual Prod. Test - MCF/D	enmh of T	est			Bhis Conden	ale/MMCE			General of C	Onderes:	<del></del>		
ual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF				Gravity of Condensate				
ting Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
	OATT OF	CO1 67	T A 3 7 C		\ <u></u>								
. OPERATOR CERTIFI		OIL CONSERVATION DIVISION											
I hereby certify that the rules and reg Division have been complied with a	OIE OCHOERTANION DIVISION						Z1 <b>1</b>						
Division have been complied with and that the information given above is true and complete to the best of my impossible and belief.					Date Approved FEB 08 1993					33			
/MM					Date	whblored	ـــ د						
(IIII)(121b).						ana an							
Signature					By ORIGINAL SIGNED BY JERRY SEXTON								
P. N. McGee, Attorney-in-Fact					THE I SUPPRIVISOR								
Printed Name 1-15-93	911	7: 5/685 <del>-</del>		٦ ا	Title_	<u> </u>							
Date	313	Telephy		<u> </u>						•			

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.

980 3**ved** Jan 2 5 1993

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