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1000 Rio Brazos Rd., Aztec, NM 87410

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

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

I.

Operator <b>Oxy USA, Inc.</b>	Well API No. <b>30-025-10637</b>
Address <b>PO Box 50250, Midland, Tx 79710</b>	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective February 1, 1993 Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator <b>Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702</b>	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Skelly Penrose "B" Unit</b>	Well No. <b>29</b>	Pool Name, Including Formation <b>Langlie Mattix SR-Q-GB</b>	Kind of Lease State, Federal <input checked="" type="checkbox"/> Fee	Lease No. <b>Fee</b>
Location Unit Letter <b>H</b> : <b>2112</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>East</b> Line Section <b>5</b> Township <b>23S</b> Range <b>37E</b> , NMPM, <b>Lea</b> County				

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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>INJECTION</b>	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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? 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	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

### 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	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.

Signature  
**P. N. McGee, Attorney-in-Fact**  
Printed Name  
**1-15-93** Title  
**915/685-5600**  
Date  
Telephone No.

### OIL CONSERVATION DIVISION

**FEB 08 1993**

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.

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Sirgo-Operating, Inc.	
Address P.O. Box 3531, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change operator name from Sirgo-Collier, Inc. to Sirgo Operating, Inc. effective November 1, 1988.
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casingshead Gas	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner: Sirgo-Collier, Inc., P.O. Box 3531, Midland, Texas 79702

I. DESCRIPTION OF WELL AND LEASE

Lease Name Skelly Penrose "B" Unit	Well No. 29	Pool Name, including Formation Langlie Mattix SR-Q-GB	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>H</u> : <u>2112</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>5</u> Township <u>23S</u> Range <u>37E</u> , NMPM, Lea County				

II. 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)
Injection	
Name of Authorized Transporter of Casingshead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Injection	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

III. CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Bonnie Sitwater  
(Signature)  
Agent  
(Title)  
October 14, 1988  
(Date)

OIL CONSERVATION DIVISION

JAN 25 1989

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_  
Orig. Signed by  
Paul Kautz  
Geologist

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filled for each pool in multiply completed wells.

10/28/88  
10/28/88

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