

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Oxy USA, Inc.		Well API No. 30-025-10652
Address PO Box 50250, Midland, TX 79710		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Effective February 1, 1993		
If change of operator give name and address of previous operator Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Skelly Penrose "B" Unit	Well No. 24	Pool Name, Including Formation Langlie Mattix SR-Q-GB	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter G 2117 Feet From The North Line and 1966 Feet From The East Line Section 6 Township 23S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Shell Pipeline Corp.	or Condensate <input type="checkbox"/>	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 Casinghead Gas GPM Gas Corp	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 1040 Plaza Of Bldg, Bartlesville OK 74004	
Texaco E&P Inc.		PO Box 3000, Tulsa OK 74102	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 5	Twp. 23S
		Rge. 37E	Is gas actually connected? Yes
If this production is commingled with that from any other lease or pool, give commingling order number.		When? Unknown	

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, GR, 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
Date
915/685-5600
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 04 1993

By

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.