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

State of New Mexico nergy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

at Bottom of Page

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87	S: /410	anta Fe, New	Mexico 87504-	2088				
I,	REQUEST F	OR ALLOW	ABLE AND AU	THORIZA	ATION			
Operator		ANSPORT C	IL AND NATU	RAL GAS	Well API No.			
Oxy USA, Inc		30-025-10659			OK			
PO Box 50250	O, Midland, T	X 79710						
Reason(s) for Filing (Check proper b	•		Other (F	lease explain)				
Recompletion	Change in	Transporter of: Dry Gas	ר A	foatin	o Dob	1000		
Change in Operator	Casinghead Gas	Condensate	15.1	rectiv	e February 1	, 1993		
If change of operator give name and address of previous operator	Sirgo Operat	ing, Inc	., PO Box	3531,	Midland, TX	79702		
II. DESCRIPTION OF WE		· · ·						
Skelly Penrose " Location	B" Unit 47		ding Formation Mattix S	R-Q-GB	Kind of Lease State, Federal of Fee	Fee N	0.	
Unit Letter B	: 660	. Feet From The N	orth Line and	1980	Feet From The	last	_Line	
Section 7 Tow	nship 23S	Range 37E	, NMPM	, Lea	a	Col	unty	
III. DESIGNATION OF TR	ANSPORTER OF O	IL AND NATI	JRAL GAS				anty	
Name of Authorized Transporter of O Shell Pipeline C	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 Co GPM Gas Corp Texaco ESP Inc	asinghead Gas	or Dry Gas	Address (Give add	ress to which	approved coay of this form	is to be sent)		
Texaco ESP Inc. If well produces oil or liquids,	Unit Sec.	7	PO Box 3	za Of I 000, Ti	approved copy of this form Blog, Bartle ilsa OK 7410	sville o 2	K 7400	
give location of tanks.		Twp. Rge. 23S 37E	Is gas actually con	nected?	When? Unknown			
If this production is commingled with to IV. COMPLETION DATA	hat from any other lease or p	oool, give comming	ling order number:		J 0111110W11			
Designate Type of Completic	on - (X)	Gas Well	New Well Wo	rkover D	Deepen Plug Back Sam	ne Res'v Diff R	Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth		P.B.T.D.	l		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay	·	Tubing Depth	Tubing Depth		
Perforations			<u> </u>		Depth Casing Sh	<u>oe</u>		
	TIPPIC	CACDIC AND	CTI CTI TTI					
HOLE SIZE	CASING & TUE		CEMENTING R	ECORD TH SET	SACI	VS OFMENT		
			521111321		SACI	SACKS CEMENT		
IL WELL Test must be after								
Date First New Oil Run To Tank	Precovery of total volume of Date of Test	i load ou and musi	Producing Method (i iop allowable Flow, pump, g	e for this depth or be for fu as lift, etc.)	il 24 hows.)		
ength of Test								
zengun ok Test	Tubing Pressure	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF	Gas- MCF		
GAS WELL				<u>.</u>				
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/M	MCF	Gravity of Conder	n sale		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in	Casing Pressure (Shut-in)		Choke Size	Choke Size			
I. OPERATOR CERTIFIC	CATE OF COMPL	LANCE	_					
I hereby certify that the rules and reg	ulations of the Oil Conserva	tion	OIL	CONSE	RVATION DIV	'ISION		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and ballief.			Date Approved FEB 08 1993					
Simatur III	Melle		By ORIG	NAL MAN	MAN BY UTT - TEXTO	ıŃ		
P. N. McGee, Attorney-in-Fact					I SUPERVISOR	1131		
Printed Name Title 1-15-93 915/685-5600			Title	 				
Date		one No.						
			<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.