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

State of New Mexico nergy, Minerals and Natural Resources Depart.

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	UEST I	FOR AI	LLOW/ ORT O	ABLE AND IL AND NA	AUTHOF	RIZATIO	N			
	Oxy USA, Inc.					Well			1 API No. 0-025-10671		
PO Box 50250,		and, [rx 7	9710							
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casingh		in Transpo Dry Ga Conden	. 🗆	િ	er (Please exp Effect	,	February	1, 199	93	
If change of operator give name and address of previous operator S	irgo C	perat	ing,	Inc	, PO Bo	x 3531	, Mic	dland, T	X 7970)2	
II. DESCRIPTION OF WELL Lease Name Skelly Penrose "B		Well No			ding Formation Mattix	SR-0-		ind of Lease		ease No.	
Location Unit LetterG	: 198	0	_ Feet Fro	om The N	orth Lin	and 1980) .	Feet From The	D!	Line	
Section 8 Townsh	ip 23S		Range	37E	, <u>N</u>	мрм,	Lea	······································		County	
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil		ER OF C	IL ANI	NATU	JRAL GAS						
Shell Pipeline Corp.					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 Casir GPM Gas Corp Texaco E&P Inc. If well produces oil or liquids,					Address (Give	Iaza 0	hich appro TBIC TUIS	ing, Bart	d copy of this form is to be sent) OK 74102		
give location of tanks.	F 5 23S 37E Yes				W	When? Unknown					
If this production is commingled with that IV. COMPLETION DATA	from any od	ner lease or	pool, give	comming	ling order numb	er					
Designate Type of Completion		Oil Well	i	as Well	New Well	Workover	Deeper	n Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.	- A			
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Dept	Tubing Depth		
Perforations								Depth Casin	g Shoe		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMENTING RECORD DEPTH SET				SACKS CEMENT		
								3			
T. TEST DATA AND REQUES											
OIL WELL (Test must be after red Date First New Oil Run To Tank	Date of Tes		oj ioda ou	ana musi	Producing Met	hod (Flow, pu	mp, gas lift	this depth or be for t, etc.)	or full 24 hour	<u>s.)</u>	
ength of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF		
GAS WELL											
uctual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Co	Gravity of Condensate		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
I. OPERATOR CERTIFICAL I hereby certify that the rules and regular	tions of the	Dil Conserv	ation	E	0	IL CON	SERV	/ATION [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	d	FEB (FEB 08 1993		
Signature P. N. McGee, Attorney-in-Fact					By Cashal Manager of State Spaces						
Printed Name Title 1-15-93 915/685-5600 Date Telephone No.					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.