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

State of New Mexico energy, Minerals and Natural Resources Department

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., Azzec, NM 87410 Santa Fe, New Mexico 87504-2088

I.	REQUEST FOR ALLOV	VABLE AND AUTHORIZA [.] OIL AND NATURAL GAS	TION
Oxy USA, In			Well API No. 30-025-10675
	0, Midland, TX 7971	0	UI
Reason(s) for Filing (Check proper by New Well Recompletion Change in Operator	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate		e February 1, 1993
change of operator give name and address of previous operator	Sirgo Operating, Inc	c., PO Box 3531, M	Midland, TX 79702
I. DESCRIPTION OF WE			
Skelly Penrose '	"B" Unit 55 Pool Name, Inc. Langli	cluding Formation ie Mattix SR-Q-GB	Kind of Lease No. State, Federal of Fee Ege
Unit LetterI	: 1980 Feet From The	South Line and 660	Feet From The East Line
Section 8 Tow	vnship 23S Range 37E	E , NMPM, Lea	County
I. DESIGNATION OF TR	RANSPORTER OF OIL AND NAT		
Shell Pipeline (Corp.	PO Box 1910, Mi	pproved copy of this form is to be sent) dland TX 79702
lane of Authorized Transporter of C GPM Gas Corp Texaco E&P Inc		Address (Give address to which are 1040 Plaza Of B	pproved copy of this form is to be sent) 1dg, Bartlesville OK 74 1sa OK 74102
well produces oil or liquids, we location of tanks.	Unit S∞c. Twp. R _i F 5 23S 371	ge. Its gas actually connected?	When? Unknown
his production is commingled with COMPLETION DATA	that from any other lease or pool, give commi	ingling order number:	
Designate Type of Completi	ion - (X) Gas Well	New Well Workover De	epen Plug Back Same Res'v Diff Res'v
ate Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
rforations			Depth Casing Shoe
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQU L WELL (Test must be after			
te First New Oil Run To Tank	er recovery of total volume of load oil and mu Date of Test	Producing Method (Flow, pump, ga	
ngth of Test	Tubing Pressure	Casing Pressure	Choke Size
	Tubing Fressure	Casing Pressure	CHORE SIZE
ual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
AS WELL		<u>, , , , , , , , , , , , , , , , , , , </u>	
Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condersate
ing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
OPERATOR CERTIFI	ICATE OF COMPLIANCE	011 001105	DVATIONED
I hereby certify that the rules and reg Division have been complied with a	nd that the information given above	OIL CONSE	RVATION DIVISION
s true and complete to the best of m	ly knowledge and ballef.	Date Approved	FEB 08 1993
Signature P. N. McGee, Attorney-in-Fact		By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPPRISOR	
Printed Name 1-15-93 Date	Tiue 915/685-5600	· · · · · · · · · · · · · · · · · · ·	
Jeu	Telephone No.	11	

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.