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

State of New Mexico inergy, Minerals and Natural Resources Depart int

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Anesia, 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.	" REC	UEST I	FOR RANS	ALL SPO	OWA	ABLE AND	AUTHOF	RIZATION BAS	I		
Perator OXY USA, Inc. ddress						We			II API No. D-025-10684		
PO Box 50250 Reason(s) for Filing (Check proper box New Well		and, [710	Ot	her (Please exp	olain)			
Recompletion Change in Operator If change of operator give name	Oil Casinghe	ead Gas	Dry Con	Gas densa	te 🗌					1, 19	93
nd address of previous operator	irgo C	perat	ing	,	Inc.	, PO B	ox 3531	, Midl	and, T	X 797	02
I. DESCRIPTION OF WELL Lease Name Skelly Penrose "E		Well No				ding Formation Matti	x SR-0-	Kind CB State	of Lease		Lease No.
Location Unit Letter C	.660	1			·		e and 1980			Wost	
_	hip 23S				37E		**	Lea_	Feet From The		Line County
II. DESIGNATION OF TRA	NSPORTI	ER OF C	OIL A	ND I	NATU	IRAL GAS					
Name of Authorized Transporter of Oil XX or Condensate Shell Pipeline Corp.						Address (Give address to which approved copy of this form is to be sent) PO Box 1910, Midland TX 79702					
lane of Authorized Transporter of Casinghead Gas X or Dry Gas GPM Gas Corp Texaco E&P Inc						Address (Give address to which approved copy of this form is to be sent) 1040 Plaza Of Bldg, Bartles Ville OK 74 PO BOX 3000, Tulsa OK 74102					
f well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp.		Rge.	Is gas actual	y connected?	i when	1 7		
this production is commingled with the V. COMPLETION DATA	F t from any ou	her lease or	1239 pool, g		37E omming	Yes	ber:		Unknow:	n —	
Designate Type of Completion		Oil Wel	i_		Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
are spreaded	Date Com	pl. Ready to	o Prod.			Total Depth			P.B.T.D.		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation erforations						Top Oil/Gas Pay			Tubing Depth		
									Depth Casing Shoe		
TUBING, CASING ANT HOLE SIZE CASING & TUBING SIZE						CEMENTING RECORD DEPTH SET			SACKS CEMENT		
							DE: 111 DE 1			SACKS CEMI	EINT
TEST DATA AND REQUE L WELL (Test must be after					nd must	be equal to or	exceed top allo	wahla for this	do-16 b.	f 6.11.24 b	
te First New Oil Run To Tank	Date of Tes		0) 1000	04 47	**************************************		thod (Flow, pu			ог јшт 24 пош	3.)
ngth of Test	Tubing Pressure					Casing Pressure			Choke Size		
lual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
AS WELL											
tual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
ting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
. OPERATOR CERTIFIC I hereby certify that the rules and regul	ations of the	Oil Conserv	vation		3	C	IL CON	SERVA	TION I	DIVISIC	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			FEB 08 1993		
Signature						By ORIGINAL SIGNED BY JERRY SEXTON					
P. N. McGee, Att			Tille			 Title	DIST		PERVISOR		
1-15-93 Date	<u>91</u>	5/685 Teles	-56								

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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.