Submit 5 Copies
Appropriate Listrict Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico rgy, Minerals and Natural Resources Departm.

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

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	u	TOTR	ANS	PORT (OIL AND N	ATURAL C	AS				
Operator								Well API No.			
Oxy USA, Inc.				· · · · · · · · · · · · · · · · · · ·			3.0	-025-	10689	14	
PO Box 50250,	Midla	nd. T	х	79710							
Reason(s) for Filing (Check proper box)		· · · · · ·				ther (Please exp	olain)				
New Well	Change in Transporter of: Col. Dry Gas Effective February 1, 1993										
Recompletion	Oil Carinaha	-4 Caa	- ·	Gas L.	ן ר	TIECLIV	e tent	uary 1	, 1993		
16-1	Casinghe				DO Do	3 E 2 I	Midlo	~ A	70702		
and address of previous operator	rgo Op	erati	ng ,	, inc.	, PO Bo	X 3531,	Midia	nd, TX	. 19/02		
II. DESCRIPTION OF WELL	AND LE										
Skally Panrosa "R"	Well No. Pool Name, Incl Penrose "B" Unit 61 Langli								of Lease No. Federal of Fee Fee		
Location		, 0 1	1			A DIC &	GD S				
Unit Letter N	:_660	0	_ Feet	From The .	South L	ne and	80F	eet From The	West	Line	
Section 9 Townshi	p 239	S	Ran	ge 37	E ,)	MPM,	Lea	····		County	
III. DESIGNATION OF TRAN	SPORTE	ER OF O	IL A	ND NAT	URAL GAS						
Name of Authorized Transporter of Oil INJECTION	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casin	of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp	. Rg	e. Is gas actua	lly connected?	When	?			
f this production is commingled with that V. COMPLETION DATA	from any ou	ner lease or	pool,	give commit	ngling order nun	nber:					
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay Tubing Depth					
Perforations								Depth Casing Shoe			
	TUBING, CASING AND							1			
HOLE SIZE	CASING & TUBING SIZE				 	DEPTH SET			SACKS CEMENT		
							-				
. TEST DATA AND REQUES	T FOR A	JLOW	ARI.	F.				-			
OIL WELL (Test must be after re					st be equal to or	exceed top allo	owable for thi	s depih or be	for full 24 hou	rs.)	
ate First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
A CT	<u> </u>			 	Casina Proce			Choke Size			
ength of Test	Tubing Pressure				Casing riess	Casing Pressure			Choice 5.20		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls	Water - Bbls.			Gas- MCF		
GAS WELL	<u></u>					·		· -			
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	MMCF		Gravity of C	Condensate		
					·						
esting Method (pirox, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size		
I. OPERATOR CERTIFICA	ATE OF	COMP	LIA	NCE			ISEDV	A TION!	DIVICIO	NN I	
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and beging.					Dota	Date Approved					
MA	V////				Dale	. Whhlore	<u> </u>				
- 11/1/2/W					By_	By ORIGINAL SIGNED BY JEWY SEXTON					
P. N. McGee, Attorney-in-Fact						SKITCE I SUPPRISOR					
Printed Name Title					Title						
1-15-93 Date			o – o phone								

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.