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Appropriate District Office
DISTRICT I 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

K 74004

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III		Sant	a Fe, New I	Mexico 873	504-2088					
1000 Rio Brazos Rd., Aztec, NM 87410	REQUES				AUTHOR					
[. Operator	<u>TO</u>	TRAN	SPORT O	IL AND N	ATURAL G		·			
Oxy USA, Inc. Address							7ell API №. 30-025- 30240 ()+			
PO Box 50250,	Midland,	ΤX	79710							
Reason(s) for Filing (Check proper box)				Oi	her (Please exp	lain)		,	·	
New Well		_	ansporter of:		D.C		1	1 10	0.0	
Recompletion	Oil Casinghead Ga	_	ry Gas		Effect	ive Fe	ebruary	1, 19	93	
change of operator give name	rgo Oper			DO Bo	v 2521	Midla	wa my	7070		
nd address of previous operator S1  I. DESCRIPTION OF WELL			g, Inc.	, FO BC	x 3331,	MIGIA	ind, TX	7970		
Lease Name Sand				ding Formation			of Lease		ease No.	
Nest Dollarhide Qu	een 11	16	Dollar	hide (Q	ueen)	State	Federal or Fe	≈ B102	272	
Unit Letter A	_:100	Fe	et From The $\frac{1}{2}$	North Li	se and 50	F	eet From The	East	Line	
Section 6 Townsh	ip 25S	Ra	inge 38E	۸,	ІМРМ,	Lea			County	
II. DESIGNATION OF TRAN	JSPORTER C	F OIL	AND NATI	IDAT CAC						
Name of Authorized Transporter of Oil	or C	ondensate			ve address to w	hich approved	copy of this	form is to be se	aut)	
Texas-New Mexico Pipeline				Address (Give address to which approved copy of this form is to be sent) PO Box 2528, Hobbs, NM 88240						
Vanue of Authorized Transporter of Casin		X or	Dry Gas	Address (Gi	ve address to w	hich approved	copy of this	orm is to be se	eni)	
GPM Gas Corporat		<del></del> ,			1040 Plaza Office			Bartles	sville (	
f well produces oil or liquids, ive location of tanks.	· _ · .						?			
this production is commingled with that				Yes	her		<del></del>		·	
V. COMPLETION DATA						·	· · · · · · · · · · · · · · · · · · ·			
Designate Type of Completion	- (X)   Oil	Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
)ale Spudded	Date Compl. Re	ady to Pro	I xd.	Total Depth	L	L	P.B.T.D.	<u> </u>		
	•				1.0.1.0.					
levations (DF, RKB, RT, GR, etc.)  Name of Producing Formation erforations				Top Oil/Gas Pay			Tubing Depth			
							Depth Casing Shoe			
							Depth Casin	g Snoe		
	TUBI	NG, CA	SING AND	CEMENTI	NG RECOR	D	1			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	<del> </del>			<u> </u>	<del></del>			· · · · · · · · · · · · · · · · · · ·		
			·		<del></del>					
. TEST DATA AND REQUES						<del></del>				
IL WELL (Test must be after re ate First New Oil Run To Tank	Date of Test	ume of lo	ad oil and must	be equal to or	exceed top allo	wable for this	depth or be for	or full 24 hour.	s.)	
	Date of Test			Producing Me	thod (Flow, pur	тр, даз Іуі, еі	c.)			
ength of Test	Tubing Pressure			Casing Pressure			Choke Size			
ctual Prod. During Test	011 7011									
count from During 16st	Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF		
SAS WELL				<u> </u>			·····			
ctual Prod. Test - MCF/D	Length of Test			Bbls. Condens	ate/MMCF		Gravity of Co	ondensate		
ning Matheway / Was to the	Tubica Description (Classical Control of Con									
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressu	Casing Pressure (Shut-in)			Choke Size		
I. OPERATOR CERTIFICA	TE OF CO	MPLIA	NCE				· · · · · · · · · · · · · · · · · · ·			
I hereby certify that the rules and regular	tions of the Oil Co	nservation	 	C	IL CON	SERVA	TION E	IVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							FEB 08 1993			
on withhere in the best of my kn	Date	Approved			<b></b>	JJ				
(5//	1/2/10.				,,,				<del></del>	
Signature	By	By ORIGINAL SIGNED BY JERRY SEXTON								
P. N. McGee	Attorne Lar	nd Ma	nager		DIC	TRIGHTISE	PBRVISOR		<del></del>	
Printed Name 1-12-93	915/6	Tille 5 2 5 - 5		Title_						
Date		relephone								

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.

RECEIVED
JAN 2 6 1993