

Submit 5 Copies
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

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|--|---|-------------------------------|
| Operator Oxy USA, Inc. | | Well API No. 30-025- 30242 |
| Address PO Box 50250, Midland, TX 79710 | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: <input type="checkbox"/> Effective February 1, 1993 | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Change in Operator <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| If change of operator give name and address of previous operator Sirgo Operating, Inc., PO Box 3531, Midland, TX 79702 | | |

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|-----------------|--|--|--------------------|
| Lease Name Sand Unit West Dollarhide Queen | Well No. 120 | Pool Name, Including Formation Dollarhide (Queen) | Kind of Lease State, Federal or Fee | Lease No. B9312 |
| Location Unit Letter F : 1350 Feet From The North Line and 2435 Feet From The West Line Section 5 Township 25S Range 38E , NMPM, Lea County | | | | |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|---|------------|-------------|-------------|-----------------------------------|-----------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline | Address (Give address to which approved copy of this form is to be sent) PO Box 2528, Hobbs, NM 88240 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corporation | Address (Give address to which approved copy of this form is to be sent) 1040 Plaza Office Bldg, Bartlesville OK | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit E | Sec. 32 | Twp. 24S | Rge. 38E | Is gas actually connected? Yes | When ? 74004 |

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

| | | | | | | | | |
|-------------------------------------|-----------------------------|----------|-----------------|----------|--------------|-------------------|------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | Depth Casing Shoe | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

TEST DATA AND REQUEST FOR ALLOWABLE

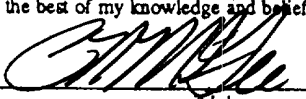
| | | | |
|---|-----------------|---|------------|
| OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) | | | |
| ate First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas- MCF |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

I. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature 
P. N. McGee Attorney-in-Fact/
Land Manager
Printed Name
1-12-93
Date
915/685-5600
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 08 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.

RECEIVED

JAN 26 1993

10 5 0000 00

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

| |
|---|
| WELL API NO. 30-025-30242 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. B-9312 |
| 7. Lease Name or Unit Agreement Name West Dollarhide Queen Sand Unit |
| 8. Well No. 120 |
| 9. Pool name or Wildcat Dollarhide Queen |
| 10. Elevation (Show whether DP, RKB, RT, GR, etc.) 3135' GR 3146.5' KB |

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

| | |
|---|--|
| 1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 2. Name of Operator Sirgo Operating, Inc. |
| 3. Address of Operator P.O. Box 3531, Midland, Texas 79702 | 4. Well Location Unit Letter F : 1350 Feet From The North Line and 2435 Feet From The West Line Section 5 Township 25S Range 38E NMPM Lea County |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | |

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- 3-8-90 MI&RU pulling unit. POH w/tbg. Change out bad jts. Install safety valve. Leave flowing overnight.
- 3-9-90 RIH w/tbg bit & scraper to TD (3943'). Circ hole w/100 bbls 2% KCL. POH w/tbg bit & scraper. RIH w/2-7/8" tbg & treating pkr. Leave hanging. Leave well flowing. RD.
- 3-10/11-90 Flowing.
- 3-12-90 MI&RU pulling unit. Prep to acidize.
- 3-13-90 RU & pmp 1000 gal 15% HCL acid down tbg. Reverse out to pickle tbg. Set pkr @ 3478'. Acidize w/2400 gal SWIC acid, blocking w/800# rocksalt in 5 bbls brine gel. Flush to top perfs (3574'). Avg PSI 1180#. SI for 30 min. Recover load. Tie into flowline.
- 3-14-90 POH w/tbg & pkr. RIH w/sub-pmp, motor, cable & 2-7/8" tbg. Set bottom of pump @ 3443'. Tbg @ 3385'. HU electricity & turn pump on. Pump to central tank battery.
- 3-15/31-90 Pumping.
- 4-1-90 24 hr. Test: 60 BO 1185 BW.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Bonnie Atwater TITLE Production Technician DATE 5-3-90

TYPE OR PRINT NAME Bonnie Atwater

TELEPHONE NO. 915/685-0878

(This space for State Use)

MAY 7 1990

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT I SUPERVISOR TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: