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

DISTRICT III

## 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

1000 Rio Brazos Rd., Aztec, NM 874	10 REC						AUTHOR		٧			
I. TO TRANSPORT OIL AND NATURAL								Well API No.				
Oxy USA, Inc.									30-025-	80-025- 12262		
PO Box 50250,	Midla	പ് സ	7 7	9710								
Reason(s) for Filing (Check proper bo	<u> </u>	10, 12	1	9/10		Off	ner (Please ex	plain)				
New Well		Change is	•				•					
Recompletion	Oil Coolach	L_ -4 C++ [	Dry G	_		Εf	fective	e Febr	uary 1,	1993		
If change of operator give name	Casinghe		Conde				····			<del></del>		
and address of previous operator	Sirgo (	perat	ing	, In	C., PC	) B	ox 353	<u>1, Mid</u>	land, T	<u> 7970</u>	2	
II. DESCRIPTION OF WEL			<del>- , </del>									
Lease Name Sa West Dollarhide Q	Sand Unit Well No. Pool Name, Include Oueen 9 Dollar									Lease Lease No. LC-067968		
Location	ueen	12	1 00	отта.	rnrae	12	ueen)			TIC.	-007900	
Unit Letter <u>G</u>	: 23	10	_ Feet Fr	rom The	Nort	h <sub>Lin</sub>	e and _231	0	Feet From The	East	Line	
Section 30 Town	ship 24S	·	Range	381	Ε	_, N	мрм,	Lea			County	
III. DESIGNATION OF TRA	NSPORTE			D NAT								
Name of Authorized Transporter of Oil  INJECTION		or Conder	sate		Addres	s (Giv	e address to v	vhich approv	ed copy of this	form is to be s	ent)	
Name of Authorized Transporter of Ca	singhead Gas		or Dry	Gas [	Addres	s (Giv	e address to v	vhich approv	ed copy of this	form is to be s	rant)	
						. ,					£/L)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	R	ge. ls gas a	ctuall	y connected?	Wh	en ?			
If this production is commingled with the IV. COMPLETION DATA	at from any oil	ner lease or	pool, giv	ve commi	ngling order	numi	ber:					
Designate Type of Completion	on - (X)	Oil Well	1	Gas Well	New	Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.		Total D	epth		1	P.B.T.D.	<u> </u>	_1	
									1.5.1.5.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil	Top Oil/Gas Pay				Tubing Depth		
Perforations			•	<del></del>			· · · · · · · · · · · · · · · · · · ·		Depth Casir	ng Shoe		
TUBING, CASING AND					D CEME	CEMENTING RECORD				]		
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
/ MESON DAMA AND DESCRIP	7000 FLO.D.		D. E.									
/. TEST DATA AND REQUI OIL WELL (Test must be after				ul and m	ust he equal	to or	exceed top all	loumble for th	hie denth oe ha	for full 24 hou		
Date First New Oil Run To Tank	Date of Te		<i>y</i> 1000 0	-			thod (Flow, p			or just 24 nou	73.)	
											···	
length of Test	Tubing Pre	Tubing Pressure				Casing Pressure				Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.				Gas- MCF		
GAS WELL			· <del>1</del>							<del></del>		
Actual Prod. Test - MCF/D	Length of	Bbls. Co	Bbis. Condensate/MMCF				Gravity of Condensate					
esting Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size		
II ODED ATTOR CERTIFICA	0.4 mm 0=		, , , , ,	Or	$\dashv$ r						<del>-1</del>	
/I. OPERATOR CERTIFIC				CE		C	IL CON	NSERV	ATION I	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above									FEE	0819	33	
is true and complete to the best of my	knowledge an	d belief.			D	ate	Approve	d				
(//////////////////////////////////////	The											
Signature Attorney-in-Fact/ P. N. McGee Land Manager						By ORIGINAL SIGNE BY JERRY SEXTON						
P. N. McGee Printed Name			Mana Tide	yer		Title						
1-12-93		915/68			''	<del>.</del>	<del></del>					
Date		Telep	hone No	ο.	Н							

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.