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

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., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.		TO TRA	NSP	ORT OIL	AND NA	TURAL G	AS					
Operator	,	-			·····	****************		Well	API No.	20014		
Oxy USA, Inc.								30	-025-	30014		
Address		_										
PO BOX 50250, I Reason(s) for Filing (Check proper box)	Midlan	d, TX	79	9710		er (Please exp		· · · · · · · · · · · · · · · · · · ·	 	w 		
New Well		Change in	Transre	reter of:		et (Flease exp	чат)					
Recompletion	Oil		Dry G			Effect	iv	e Fe	bruary	1, 19	93	
Change in Operator		_	Conder	_					.			
f change of operator give name	rao On				PO Box	7 3531	N	iidla	nd. TX	7970	2	
and address of previous operator	rac ob	CI GCI.	97	11.0.7	10 20.	. 33317	-		114 / 171	7370	-	
I. DESCRIPTION OF WELL												
Lease Name Sand					ing Formation				of Lease	1	Lease No.	
West Dollarhide Qu	een	83	Do	ollarh	ide (Qı	ieen)		Quite	Federal or Fe	B95	19	_
Location	1 '	700		NT.	orth	1.0	00			Moat		
Unit Letter E	_ :	700	Feet Fr	om The	orth Lim	and	00	Fo	eet From The	West	Line	
Section 29 Townshi	in 2	4S	Range	38E	NI	ирм,	Le	ea.			County	l.
	<u> </u>		- COLLAGO		, , , , , , , , , , , , , , , , , , , ,	111 171,					County	
II. DESIGNATION OF TRAN	SPORTE	R OF OI	LAN	D NATU								
Name of Authorized Transporter of Oil	-X	or Condens	tate			address to w					rent)	
Texas-New Mexico Pipeline PO Box 2528, Hobbs, NN Name of Authorized Transporter of Casinghead Gas Or Dry Gas Address (Give address to which approved copy of										88240		
Name of Authorized Transporter of Casin GPM Gas Corporat:		\square	or Dry	Gas	1						•	
If well produces oil or liquids,		Sec.	Twp.	Pas	Is gas actually)II	1CE When		<u>Bartle</u>	sville	
ive location of tanks.	• :	•	743	138E	Yes	COMMECCEM?		When				74004
this production is commingled with that						er:	-	_!				
V. COMPLETION DATA												
D		Oil Well		Gas Well	New Well	Workover	1	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		1			<u> </u>		1		<u> </u>	Ĺ	_i	
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pe	nducing Eng	matica	······································	Top Oil/Gas P	20						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					1.50 512 512 7				Tubing Depth			
erforations									Depth Casing Shoe			-
									'			
TUBING, CASING AND					CEMENTING RECORD				· ·			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
						· · · · · · · · · · · · · · · · · · ·						
	-											_
	 									·····		_
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE						1			
IL WELL (Test must be after re				il and must i	be equal to or i	exceed top allo	owab	le for this	depth or be j	or full 24 hou	urs.)	
ate First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)											
ength of Test	Tubing Pres	sure			Casing Pressur	e			Choke Size			
ctual Prod. During Test	O'L PUL				Water - Bbls.				Gas- MCF			_
ctual From During Test	Oil - Bbls.				Marci - Dolr				Gas- MICF			
NAC SIDEL I	1		····			 						
AS WELL ctual Prod. Test - MCF/D	Length of T	Act		Т	Bbls. Condens	-1-A0/CE			Gravity of C			_
7 mil 100 100 100 100 100 100 100 100 100 10	Longai or 1	uet.			Duis, Congens	ALE/ WILVICE			Gravity of C	ondensate		
sting Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		 .	-
					•							
I. OPERATOR CERTIFICA	ATE OF	COMPI	IAN	CF					1			
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 k	nowledge and	i belief.			Date .	Approved	d _		<u> </u>	∪ ₩ 4	1333	
	ファダイ	he				1111111111	_					_
Signature	Attor	ey-in-	Fact	, 	Ву						17.0	
P. N. McGee		Land			-,	(7.8	M. J.		f *	• • • • • • • • • • • • • • • • • • •		
Printed Name 1-12-93		7	Title	- !	Title_			***	.			
Date	91	5/685	-560 1000 No									_
		rerebu		· 1	l							

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.