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, Arteria, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.	REC				BLE AND							
Operator				<u> </u>		W SHALO		Well API No.				
Oxy USA, Inc.								30-025-130297				
PO Box 50250,	Midla	nd. T	x 79	9710				•	,			
Reason(s) for Filing (Check proper box)	l				Ot	ner (Please exp	lain)	·				
New Well Recompletion	0:1	Change	in Transpo									
Change in Operator	Oil Casingh	ead Gas	Dry Ga		Ef	fective	Febru	ary 1,	1993			
If change of operator give name and address of previous operator					., PO B	ox 3531	- Mid	and T	X 7970:	2		
II. DESCRIPTION OF WELL						<u> </u>	. / 1114	and, 1	<u> </u>	<u>e</u>		
Lease Name Sar	nd Unit Well No. Pool Name, Inclu							of Lease No.				
West Dollarhide Qu	leen	140	Do	llar	nide (Q	ueen)	State	Federal or Fe	e B−9	311		
Unit Letter K	_ :21	.50	Feet Fro	om The	South Lin	e and	1425 F	eet From The	West	Line		
Section 32 Townsh			Range				Lea			County		
III. DESIGNATION OF TRAI	NSPORT	ER OF C	OIL ANI	D NATU	RAL GAS							
Name of Authorized Transporter of Oil INJECTION		or Conde	nsale		Address (Giv	e address to wi	hich approved	copy of this f	orm is to be se	NI)		
Name of Authorized Transporter of Casir	ghead Gas or Dry Gas Address (Give address to which approved copy of the							copy of this f	orm is to be se	nı)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When ?							
If this production is commingled with that	from any or	her lease or	pool, give	comming	ling order numb	ner-						
IV. COMPLETION DATA			, pool, g. (· •••••	and order nour	<u> </u>						
Designate Type of Completion	- (X)	Oil Wel	1 G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.				Total Depth		<u> </u>	P.B.T.D.	<u></u>	.4		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casing Shoe				
		TIPING	CASINI	CAND	CE) CE) PER	IC PECON						
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
	The state of the s				DET ITT DET			SACKS CEMENT				
												
	ļ		····							***		
. TEST DATA AND REQUES								<u> </u>				
OIL WELL (Test must be after red Date First New Oil Run To Tank	Date of Te	stal volume	of load oil	and must	be equal to or e Producing Met	bod (Flow num	vable for this	depth or be fo	or full 24 hours	:)		
	Date of 1e				I TOMICING IVIEL	nou (Flow, pur	rtp, gas iyi, ei	c. <i>)</i>				
ength of Test	Tubing Pressure				Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
GAS WELL	<u> </u>					···						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
eting Mathed (sing back as)	Tuhing Pressure (Chur la)				Casing Pressure (Shut-in)							
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure	(Shut-in)		Choke Size				
I. OPERATOR CERTIFICATION I hereby certify that the rules and regula	tions of the	Oil Conserv	ation	Œ	0	IL CON	SERVA	TION D		٧		
Division have been complied with and this true and complete to the best of my or	hat the infor	mation give	n above	i						-		
					Date Approved FEB 04 1993							
11114fle												
Signature Attorney-in-Fact/ P. N. McGee Land Manager					By							
Printed Name 1-12-93	Title 2-93 915/685-5600					Title						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.