Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Antesia, NM 88210

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87	7410 REOUI	EST FO	R ALLOWA	RIFANI	ALITHOE	DIZATION				
I.			NSPORT O							
Operator						Well API No.				
Oxy USA, Inc. Address						30-025-30305 ∂K				
PO Box 50250	, Midland	, TX	79710							
Reason(s) for Filing (Check proper to	ox)			0	ther (Please exp	olain)				
New Well			ransporter of:							
Recompletion Change in Operator	Oil Casinghead		Ory Gas Condensate	Εi	ffective	e Febru	uary 1,	1993		
If change of operator give name and address of previous operator	Sirgo Op	erati	nq, Inc	, PO F	30x 353	1, Mid	land, T	X 7970	2	
II. DESCRIPTION OF WE	LL AND LEAS	SE								
Lease Name S	and Unit v		ool Name, Includ	ling Formation	1	Kind	of Lease	I	ease No.	
West Dollarhide Location	Queen	148	Dollar	nide (C)ueen)	State	Federal or Fe	e B-9	9311	
Unit Letter M	:700	F	eet From The	outh L	ne and5	50 F	eet From The	West	Line	
Section 32 Tow	raship 24S	R	ange 38E	1,	мрм,	Lea			County	
III. DESIGNATION OF TR Name of Authorized Transporter of C	ANSPORTER									
INJECTION	rı 🗀 oı	r Condensat	^{με}	Address (Gi	ve address to w	hich approved	copy of this fe	orm is to be se	eni)	
Name of Authorized Transporter of C	asinghead Gas	Of	r Dry Gas	Address (Gi	ve address to w	hich approved	d copy of this fo	orm is 10 be se	tni)	
If well produces oil or liquids,	well produces oil or liquids, Unit Sec. Twp. Rg				Is gas actually connected? When ?					
If this production is commingled with	that from any other	lease or poo	ol, give comming	ling order num	iber:					
IV. COMPLETION DATA			- ₁							
Designate Type of Complete	on - (X)	Dil 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			ation	Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
	ी प्राप्त	DNC C	A CDIC AND	(TE) (E) THE	NG DEGOD					
TUBING, CASING AN HOLE SIZE CASING & TUBING SIZE				CEMENII			T			
NOLE SIZE	CASIN	G & TUBIT	NG SIZE	DEPTH SET			SACKS CEMENT			
							 		-	
							 			
. TEST DATA AND REQU	EST FOR ALI	OWABI	LE							
OIL WELL (Test must be after	er recovery of total			be equal to or	exceed top allo	wable for this	depih or be fo	r full 24 hour.	s.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pu	mp, gas lift, e	sc.)	-		
ength of Test	Tubing Pressur	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF		
GAS WELL	<u></u>	······································		,						
Actual Prod. Test - MCF/D	Length of Test	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
sung Method (pitot, back pr.)	Tubing Pressur	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
I. OPERATOR CERTIFI I hereby certify that the rules and rep					DIL CON	SERVA	TION D	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.				FER O				0 8 199		
PS	MIII.			Date	Approved	d				
Signature	Attorn	ev-in-	Fact/			LEIGHE.				
Signature Attorney-in-Fact/ P. N. McGee Land Manager Printed Name				STREET I SUPERVISOR						

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

Printed Name 1-12-93

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.

Title_

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

915/685-5600

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.