Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, 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
Sente For New Marine, 97504 2009

DISTRICT III		inta re, New Mexico	87504-2088					
1000 Rio Brazos Rd., Aztec, NM {	REQUEST F	OR ALLOWABLE A ANSPORT OIL AND		TION				
Operator		THO OTH OLEAND	TIAT STIAL CAS	Well API No.				
Oxy USA, Ind	c.			30-025-30	0357 £K			
Address				30 023 3	<i>[ ]</i>			
PO Box 50250	0, Midland, TX	79710						
Reason(s) for Filing (Check proper	bax)		Other (Please explain)		<del></del>			
New Weli	Change in	Transporter of:	, , , , , , , , , , , , , , , , , , , ,					
Recompletion	Oil 🗌	D-1 C-1	Effoative De	. la	003			
Change in Operator	Casinghead Gas Condensate Effective February 1, 1993							
change of operator give name and address of previous operator	Sirgo Operat	ing, Inc., PC	Box 3531, M	lidland, TX	79702			
I. DESCRIPTION OF WI	ELL AND LEASE							
ease Name	Sand Unit Well No.	Pool Name, Including Form	ation	Kind of Lease	Lease No.			
West Dollarhide	Queen 153	Dollarhide		State Federal or Fee	LC-067968			
ocation			· **		1			
_	~ = 0	,						

West Dollarhide (	Queen	153	Dollar	hide (Qu	ieen)	State	Federal or Fe	LC.	-067968	
Location	-				····	<del></del>			<del></del>	
Unit Letter O	: <u>57</u>	0	Feet From The	South Line	and179	9·0 r	eet From The	East	Line	
Section 30 Tow	nship 245	S	Range 38E	, NN	ирм,	Lea			County	
W. Dustaniamoniam										
III. DESIGNATION OF TR Name of Authorized Transporter of O	ANSPORTE	or Conden		URAL GAS		<del></del> .				
INJECTION	" <u> </u>	or Conden		Address (Give	address to wi	uch approve	d copy of this	form is to be s	eni) .	
Name of Authorized Transporter of Ca	singhead Gas		or Dry Gas	Address (Cive	addrag to wh		1 (1)			
		ل ـــ	o. D., o	Address (Give	OCICI ESS 10 WA	uch approved	a copy of thus j	form is to be s	eni)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rg			Is gas actually connected? When ?						
If this production is commingled with t	hat from any oth	er lease or p	ool, give comming	gling order numb	er:		<del></del>	<del></del>		
IV. COMPLETION DATA	·								<del></del>	
Designate Type of Completic	on - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Spudded Date Compl. Re		Prod.	Total Depth			P.B.T.D.	<u> </u>	_ <del>_</del>	
evations (DF, RKB, RT, GR, etc.) Name of Producing Form		mation	tion Top Oil/Gas Pay		· · · · · · · · · · · · · · · · · · ·	Tubing Depth				
Perforations						Depth Casing Shoe				
	ำ	HRING (	CASING AND	CEMENITIN	C PECODI		<u> </u>			
		TUBING, CASING AND ASING & TUBING SIZE		DEPTH SET			SACKS OFMENT			
		GAGING & FOBING SIZE			527 117 321			SACKS CEMENT		
					· · · · · ·					
									<del> </del>	
V. TEST DATA AND REQUIDIL WELL (Test must be after				he savel to an a						
Date First New Oil Run To Tank			1000 ou una masi	Producing Method (Flow, pump, gas lift, etc.)						
Lead of Tra						<del></del>	1 ~ · · · · · · · · · · · · · · · · · ·			
Length of Test	Tubing Press	sure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.		Water - Bbls.			Gas- MCF			
GAS WELL				<u> </u>			1			
Actual Prod. Test - MCF/D	Length of Te	Length of Test		Bbis. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
A OPERATOR CERTIFIC	CATE OF A	COMPT	IANCE				!			

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 felief.

Attorney-in-Fact/ Land Manager Signature P. N. McGee Printed Name Title 1-12-93

915/685-5600 Date Telephone No.

## OIL CONSERVATION DIVISION

FEB 04 1993 Date Approved \_\_\_\_ By\_

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.