

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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APR 11 1988

I. Operator OXY USA Inc. OIL CON. DIV. DIST. 3

Address P. O. Box 50250, Midland, TX 79710

Reason(s) for filing (Check proper box)		Other (Please explain)	
<input type="checkbox"/> New Well	Change in Transporter of:	Change of operator's name	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	effective April 1, 1988	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		
	<input type="checkbox"/> Dry Gas		
	<input type="checkbox"/> Condensate		

If change of ownership give name and address of previous owner Cities Service Oil & Gas Corp., P. O. Box 50250, Midland, TX 79710

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla West</u>	Well No. <u>9</u>	Pool Name, including Formation <u>Blanco Mesa Verde Gas</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u></u>
Location				
Unit Letter <u>K</u> <u>2460</u> Feet From The <u>South</u> Line and <u>1460</u> Feet From The <u>West</u>				
Line of Section <u>6</u> Township <u>26N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> Count <u></u>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>The Permian Corporation</u>	<u>P. O. Box 1183 - Houston, TX 77001</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Northwest Pipeline Corporation</u>	<u>P. O. Box 8900 - Salt Lake City, Utah 84108</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>K</u> <u>6</u> <u>26N</u> <u>5W</u>	<u>Yes</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

F. A. Vitrano
(Signature) F. A. Vitrano
District Operations Manager - Production
(Title)

March 15, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

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I. Operator OXY USA Inc.

Address P. O. Box 50250, Midland, TX 79710

Reason(s) for filing (Check proper box)		Other (Please explain)	
<input type="checkbox"/> New Well	Change in Transporter of:	Change of operator's name effective April 1, 1988	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil		
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

If change of ownership give name and address of previous owner Cities Service Oil & Gas Corp., P. O. Box 50250, Midland, TX 79710

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla West</u>	Well No. <u>9</u>	Pool Name, including Formation <u>Basin Dakota Gas</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No.
Location				
Unit Letter <u>K</u> : <u>2460</u> Feet From The <u>South</u> Line and <u>1460</u> Feet From The <u>West</u>				
Line of Section <u>6</u> Township <u>26N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>The Permian Corporation</u>	<u>P. O. Box 1183 - Houston, TX 77001</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Northwest Pipeline Corporation</u>	<u>P. O. Box 8900 - Salt Lake City, Utah 84108</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>K</u> Sec. <u>6</u> Twp. <u>26N</u> Rge. <u>5W</u>	<u>Yes</u> <u>--</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

F. A. Vitrano
(Signature) F. A. Vitrano
District Operations Manager - Production
(Title)

March 15, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. [Signature] 1988
BY _____
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiphase completed wells.