

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED		
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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I.

Operator OXY USA Inc.

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

Reason(s) for filing (Check proper box):
 New Well
 Recompletion
 Change in Ownership
 Change in Transporter of:
 Oil
 Castinthead Gas
 Dry Gas
 Condensate

Other (Please explain)
Change of operator's name effective April 1, 1988

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>State E</u>	Well No. <u>5</u>	Pool Name, including Formation <u>Eumont Yates 7Rvrs. Queen Gas</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-1481</u>
Location Init Letter <u>N</u> <u>1020</u> Feet From The <u>South</u> Line and <u>1504</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>19S</u> Range <u>37E</u> NMPM, <u>Lea</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>NONE</u>	
Name of Authorized Transporter of Castinthead 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>Northern Natural Gas Company</u>	<u>P. O. Box 2370 - Hobbs, New Mexico 88240</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when
	<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 _____, 19____
 BY JERRY HEXTON
 DISTRICT I SUPERVISOR
 TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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.