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District Office

**OIL CONSERVATION DIVISION**

**DISTRICT I**

P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**

P.O. Box Drawer DD, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088

Sante Fe, New Mexico 87504-2088

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>OXY USA INC.</b>		Well API No. <b>30 025 29657</b>
Address <b>P.O. BOX 50250, MIDLAND, TX 79710</b>		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	Other (Please explain) <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name and address  
of previous operator

**TEXACO EXPLORATION & PRODUCTION INC, P.O. BOX 730, HOBBS, NM 88240**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>MYERS LANGLIE MATTIX UNIT</b>	Well No. <b>254</b>	Pool Name, Including Formation <b>LANGLIE MATTIX 7 RVRS Q GRAYBURG</b>	Kind of Lease State, Federal or Fee <b>FEDERAL</b>	Lease No. <b>LC060825a</b>
Location Unit Letter <b>L</b> : <b>2439</b> Feet From The <b>SOUTH</b> Line and <b>200</b> Feet From The <b>WEST</b> Line Section <b>29</b> Township <b>23S</b> Range <b>37E</b> NMPM <b>LEA</b> COUNTY				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of <b>Texas New Mexico Pipeline Company</b>	Oil <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>1670 Broadway Denver, Colorado 80202</b>				
Name of Authorized Transporter of <b>Texaco Exploration &amp; Production Inc</b>	Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1137 Eunice, New Mexico 88231</b>				
If Well Produces oil or liquids, give locaton of tanks	Unit <b>G</b>	Sec. <b>5</b>	Twp. <b>24S</b>	Rge. <b>37E</b>	Is gas actually connected? <b>YES</b>	When? <b>4/9/86</b>

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil 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		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe	
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET			SACKS CEMENT		

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

**OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be a full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature  
*P. N. McGee*

P. N. McGee Land Manager

Printed Name Title  
1/6/94 685-5600

Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved \_\_\_\_\_

By **ORIGINAL SIGNED BY JERRY SEXTON**

Title **DISTRICT I SUPERVISOR**

**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 IV for changes in operator, well name or number, transporter, or other such changes
- 4) Sepreate Form C-104 must be filed for each pool in multiply completed wells.