

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
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PRORATION OFFICE		

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

I. Operator OXY USA Inc.

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

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Other (Please explain) Change of operator's name effective April 1, 1988
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<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>West BDCDGU</u>	Well No. <u>9</u>	Pool Name, including Formation <u>Bravo Dome Area</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease <u>L-58</u>
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1830</u> Feet From The <u>East</u>				
Line of Section <u>3</u> Township <u>19N</u> Range <u>29E</u> NMPM, <u>Harding</u> Cour				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>NONE</u>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>None, Shut-in CO<sub>2</sub> Supply Well</u>		
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
Is gas actually connected?		When

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)  
District Operations Manager - Production  
(Title)  
March 15, 1988  
(Date)

OIL CONSERVATION DIVISION

APPROVED 5-5, 19 88  
BY R. E. Johnson  
TITLE DISTRICT SUPERVISOR

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