

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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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)

☐ New Well
☐ Recompletion
☒ Change in Ownership

Change in Transporter of:

☐ Oil
☐ Casinthead 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 State BN	Well No. 3	Pool Name, including Formation Mescalero San Andres	Kind of Lease State, Federal or Fee State	Lease No. OG-361
Location				
Unit Letter L	1980	Feet From The South	Line and 660	Feet From The West
Line of Section 14	Township 10S	Range 32E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900 - Dallas, TX 75221
Name of Authorized Transporter of Casinthead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1197 - Eunice, New Mexico 88231
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. K 14 10S 32E
Is gas actually connected?	Yes

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

APR 26 1988

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT 1 SUPERVISOR

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 deviatric 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 multiple completed wells.