			RECEIVED	
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT				Form C-104
				Revised 10-01-78
DISTRIBUTION	OIL CONSERVA	TION DIVISION	MAR 29 '88	Format 06-01-83 Page 1
BANTA PE	P. O. BOX 2088			
U.8.0.6.	SANTA FE, NEW	MEXICO 87501		
LAND DFFICE			ARTESIA, OFFICE	
TRANSPORTER OIL V	REQUEST FOR	ALLOWABLE		
OPERATOR V	AN	1D		
	ORIZATION TO TRANSP	ORT OIL AND NATURAL	GAS	
I. Operator				
OXY USA Inc. $\checkmark$				
Address			•	
P. O. Box 50250, Mid	land, TX 79710			
Reason(s) for filing (Check proper box) Other (Please explain)				
New Well     Change in Transporter of:     Change of operator's name       Dry Gas     Dry Gas				
Recompletion 01		ndensate effective A	pril 1, 1988	
Change in Ownership				
If change of ownership give name Citico &	ervice Oil & Gas	$C_{\text{opp}} \stackrel{\text{P}}{\to} O \stackrel{\text{Box 5}}{\to} 5$	0250. Midland	. TX 79710
and address of previous owner	ervice un a Gas	corp, $corp$ , $corp$		
II. DESCRIPTION OF WELL AND LEASE				
Lease Name Well N	io. Pool Name, Including Fo		of Lease	Lease No
Government T Com. 2	N. Burton Fla	t Wolfcamp Gas Store	. Federal or Fee	edNM05465
Location			_	
Unit Letter <u>G; 1980</u> Feet J	From The North Line	and <u>1980</u> Fe	et From The <u>Ea</u>	<u>st</u>
	<b>~</b>	005	<b>-</b>	County
Line of Section 15 Township 203	S Range	28E , NMPM,	Eddy	· · · · · · · · · · · · · · · · · · ·
III. DESIGNATION OF TRANSPORTER O	FOIL AND NATURAL	GAS	PERMIAN CORP EFF	
Name of Authorized Transporter of Oli	Condensate	Againess (Give address to whi	ch approved copy of	this form is to be sent)
The Permian Corporation		P. O. Box 1183 -	Houston TX	77001
Name of Authorized Transporter of Casinghead Gas	or Dry Gas X	Address (Give address to whi	ch approved copy of	this form is to be sent)
Oxy USA Inc.		P. O. Box 300 - T	<u>ilsa, 0K 741</u>	02
	Sec. Twp. Rge.	Is gas actually connected?	When	7
give location of tanks.	15 <u>205 28E</u>	Yes	12-12-7	
If this production is commingled with that from	any other lesse or pool,	give commingling order num	ber: POST ID	<u> </u>
NOTE: Complete Parts IV and V on revers			5-13-	ap
NOIE: Complete Furis IV una V on revers			Chg	LIT.
VI. CERTIFICATE OF COMPLIANCE			SERVATION BIV	ASION
	Concernation Division have	APPROVED MAY	1988	
I hereby certify that the rules and regulations of the Oi. been complied with and that the information given is tru	e and complete to the best of		Signed By	·
my knowledge and belief.	•	BY	Villiams	
		TITLE OT S	as impedior	
				-
2/1/intrano		This form is to be		newly drilled or deeper
(Signature) F. A	. Vitrano	well, this form must be	accompanied by a	tabulation of the deviat:
<u>)istrict Operations Manager - Pr</u>		tests taken on the well	in accordance with	h RULE 111.
(Title)		All sections of this able on new and recomp	form must be filled leted wells.	i out completely for allo
March 15, 1988		Fill out only Section	one I. II. III. and	VI for changes of own
(Date)		well name or number, or (	ransporter, or other	such change of condition
		Separate Forms C-1 completed wells.	104 must be filed	for each pool in multip
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