	RECSIVED Form C-104 Revised 10-01-78
samta re P. O. rile V u.a.g.d. SANTA FE, N	VATION DIVISION Format 06-01-83 BOX 2088 MAR 29 '88 IEW MEXICO 87501
OPERATOR V	O. C. D. ARTESIA, OFFICE AND NSPORT OIL AND NATURAL GAS
Operator OXY USA Inc.	· · · · · · · · · · · · · · · · · · ·
Address P. O. Box 50250, Midland, TX 7971 Resson(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Oil X Change in Ownership Casinghead Gas	0 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 & G	as Corp., P. O. Box 50250, Midland, TX 79710
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including Government AB 1 North Burto Location Unit Letter K 1980 Feet From The South	n Flat Wolfcamp Stote, Federal or Fee Fed. NM 15003
Line of Section 11 Township 20S Range	28E , NMPM, Eddy Count RAL GAS SCURLOCK PERMIAN CORP EFF 9-1-91 Against (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of OII or Condensate X The Permian Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas X	P. O. Box 1183 - Houston, TX 77001 Address (Give address to which approved copy of this form is to be sent)
Oxy USA Inc.	
give location of tanks. K 11 20S 28E If this production is commingled with that from any other lease or p	Yes
NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division h been complied with and that the information given is true and complete to the bes my knowledge and belief.	BYCubinal digated By
J. U. Vitrans (Signassie) F. A. Vitrano	TITLE <u>Chi & ConstituteOPCIOF</u> This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
District Operations Manager - Production (Tile) March 15, 1983 (Dece)	All sections of this form must be filled out completely for allo able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of own well name or number, or transporter, or other such change of condition
	Separate Forms C-104 must be filed for each pool in multip completed wells.

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