

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.G.A.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

MAR 29 '88

REQUEST FOR ALLOWABLE
AND

O. C. D.
ARTESIA, OFFICE

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)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:	Change of operator's name effective April 1, 1988
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

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 Government AC	Well No. 2	Pool Name, including Formation North Burton Flat Atoka	Kind of Lease State, Federal or Fee Fed.	Lease No. IC 05079
Location Unit Letter F; 1800 Feet From The North Line and 1980 Feet From The West				
Line of Section 13 Township 20S Range 28E NMPM, Eddy Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Koch Oil Company of Texas, Inc.	P. O. Box 1558 - Breckenridge, TX 76024
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 1384 - Jal, NM 88252
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit F Sec. 13 Twp. 20S Rge. 28E	Yes 8-14-75

If this production is commingled with that from any other lease or pool, give commingling order number: Post 10-3

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

MAY 1 1988

APPROVED _____, 19____
BY Original Signed By Mike Williams
TITLE Oil & Gas Inspector

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 deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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.