

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

MAR 29 '88

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

I. Operator OXY USA Inc. ✓
Address P. O. Box 50250, Midland, TX 79710
Reason(s) for filing (Check proper box)
☐ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas
☒ Change in Ownership ☐ Casinghead 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 <u>Little Box Canyon Unit</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Undesignated Cisco</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM 12241-</u>
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>7</u> Township <u>21S</u> Range <u>22E</u> , NMPM, <u>Eddy</u> County				

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) <u>P. O. Box 1183 - Houston, TX 77001</u>
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) <u>P. O. Box 1384 - Jal, New Mexico 88252</u>
Name of Authorized Transporter of Gas <u>El Paso Natural Gas Company</u>	Is gas actually connected? <u>Yes</u> when <u>3-13-78</u>
If well produces oil or liquids, give location of tanks. Unit <u>B</u> Sec. <u>7</u> Twp. <u>21S</u> Rge. <u>22E</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: POST 10-3
5-13-88
chg. op.

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 10 1988

APPROVED _____, 19____
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 deviat. 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 own well name or number, or transporter, or other such change of conditi
Separate Forms C-104 must be filed for each pool in multi completed wells.