

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION 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

O. C. D.
ARTESIA, OFFICE

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)	Other (Please explain)
<input type="checkbox"/> New Well	Change of operator's name
<input type="checkbox"/> Recompletion	effective April 1, 1988
<input checked="" type="checkbox"/> Change in Ownership	
<input type="checkbox"/> Change in Transporter of:	
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Government S	2	Winchester Morrow	State, Federal or Fee Fed.	NM 9819
Location				
Unit Letter	0	660 Feet From The South Line and 1980 Feet From The East		
Line of Section	3	Township 20S	Range 28E	NMPM, Eddy

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)		
Permian Corporation	P. O. Box 1183 - Houston, TX 77001		
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)		
Oxy USA Inc.	P. O. Box 300 - Tulsa, OK 74102		
If well produces oil or liquids, give location of tanks.	Unit, Sec., Twp., Rge.	Is gas actually connected?	When
	0, 3, 20S, 28E	Yes	9-6-80

If this production is commingled with that from any other lease or pool, give commingling order number: POST 1D-3
5-13-88
Change 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)
District Operations Manager - Production
(Title)
March 15, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 1 1988, 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 deepened well, this form must be accompanied by a tabulation of the deviation 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.