

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |                                     |
|------------------------|-------------------------------------|
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| U.S.G.A.               | <input checked="" type="checkbox"/> |
| LAND OFFICE            | <input checked="" type="checkbox"/> |
| TRANSPORTER            | <input checked="" type="checkbox"/> |
| OPERATOR               | <input checked="" type="checkbox"/> |
| PRORATION OFFICE       | <input checked="" type="checkbox"/> |

I. Operator OXY USA Inc. ✓

Address P. O. Box 50250, Midland, TX 79710

Reason(s) for filing (Check proper box)

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

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<br><u>Government AL</u>   | Well No.<br><u>1</u> | Pool Name, including Formation<br><u>Burton Flat Morrow</u> | Kind of Lease<br>State, Federal or Fee <u>Fed.</u> | Lease No.<br><u>NM 17220</u> |
| Location<br>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><br>Line of Section <u>17</u> Township <u>20S</u> Range <u>28E</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>Getty Trading &amp; Transportation Company</u>  | <u>Box 1142 - Midland, TX 79702</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>Cabot Corporation</u>   | <u>Box 4395 - Midland, TX 79702</u>                                      |
| If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
|  | <u>B 17 20S 28E Yes 5-19-82</u>  |

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

APPROVED 1988, 19  
BY Original Signed By  
Robert 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 deepen 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.