

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE            |                |
| TRANSPORTER            | OIL ✓<br>GAS ✓ |
| OPERATOR               | ✓              |
| PRODUCTION OFFICE      |                |

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

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

|   |   |
|---|---|
| Operator<br>OXY USA Inc. ✓  |   |
| Address<br>P. O. Box 50250, Midland, TX 79710   |   |
| Reason(s) for filing (Check proper box)   | Other (Please explain)  |
| <input type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input checked="" type="checkbox"/> Change in Ownership | Change of operator's name<br>effective April 1, 1988                    |
| Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Casinghead Gas                                  | <input type="checkbox"/> Dry Gas<br><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<br>Tracy F   | Well No.<br>1 | Pool Name, including Formation<br>Wildcat <u>Blue Spring</u> | Kind of Lease<br>State, Federal or Fee<br>Fee | Lease No. |
| Location  |               |  |   |           |
| Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> |               |  |   |           |
| Line of Section <u>8</u> Township <u>20S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> Count                     |               |  |   |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |      |
|--|--|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |
| Koch Oil Company   | P. O. Box 3609 = Midland, TX 79702                                       |      |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent) |      |
| NONE   |  |      |
| If well produces oil or liquids, give location of tanks.   | Unit   | Sec. |
|  | 0  | 8    |
|  | Twp.   | Rge. |
|  | 20S  | 28E  |
| Is gas actually connected?   | When   |      |
| NO   |  |      |

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 MAY 10 1988 , 19

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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.