STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SANTA FE		$\overline{}$	
FILE			
U.S.O.A.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAB		
OPERATOR			
PROBATION OFFICE			

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

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

Separate Forms C-104 must be filed for each pool in multi:

REQUEST FOR ALLOWABLE

OPERATOR	ND		
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
I.			
Operator			
OXY USA Inc.	<u> </u>		
Address			
P. O. Box 50250, Midland, TX 79710			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:	Change of operator's name		
Recompletion Oil O	ry Gas		
Change in Ownership Casinghead Gas	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			
Legae Name Well No. Pool Name, Including F	ormation Kind of Lease Lease:		
State AD 11 Mescalero Per	mo Penn State, Federal or Fee State 9943		
Location South	·		
Unit Letter BU 800 Feet From The North Lir	ne and <u>1980</u> Feet From The <u>East</u>		
100	20-		
Line of Section 22 Township 10S Range	32E NMPM, Lea Cour		
Mobil Pipeline Co. Name of Authorized Transporter of Casingneed Gas To or Dry Gas Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Box 900 - Dallas, TX 75221 Address (Give address to which approved copy of this form is to be sent) Box 1197 - Finice NM 88231		
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gas actually connected? When		
give location of tanks. I 22 10S 32E	Yes		
If this production is commingled with that from any other lease or pool.	give commingling order number:		
·			
NOTE: Complete Parts IV and V on reverse side if necessary.			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
I hereby certify that the rules and regulations of the Oil Conservation Division have	MAY 3 - 1988		
been complied with and that the information given is true and complete to the best of			
my knowledge and belief.	By Orig. Signed by		
	Paul Kautz TITLE Geologist		
	TITLE Geologist		
7/11/1/2011	This form is to be filed in compliance with RULE 1104.		
(Signature) F. A. Vitrano	If this is a request for allowable for a newly drilled or deepe: well, this form must be accompanied by a tabulation of the deviat		
istrict Operations Manager - Production (Tule)	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all-		
oril 22, 1988	able on new and recompleted weils.		
(Date)	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		

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