|   | • `   |                         |            |   |  |                                     |  |  |
|---|---|-------------------------|------------|---|--|-------------------------------------|--|--|
| STATE OF NEW MEXICO   |   | 4                       |            |   |  |                                     |  |  |
| ENERGY AND MINERALS DEPARTMENT  |   |                         |            |   |  | Form C-104                          |  |  |
| 00. 07 (0PHID OLETINED  |   |                         |            |   |  | Revised 10-01-78<br>Format C6-01-83 |  |  |
| OIL CONSERVATION DIVISION   |   |                         |            |   |  | Page 1                              |  |  |
| PILE  | SANT  |                         |            | CO 87501  |  |                                     |  |  |
| LAND OFFICE   | SANT  | A 1 6, 196              |            |   |  |                                     |  |  |
| TRANSPORTER OIL GAS I   | DI  | EQUEST FO               |            |   |  |                                     |  |  |
| OPERATOR  | ĸ   |                         | AND        | ADLE  |  |                                     |  |  |
| PROBATION OFFICE  | AUTHORIZATION   | TO TRANS                | PORT OI    | AND NATU  | RAL GAS  |                                     |  |  |
| Operator  |   |                         |            |   |  | ······                              |  |  |
| OXY USA Inc.  |   |                         |            |   | <u></u>  |                                     | ······································ |  |
| P. O. Box 5025  | 0, Midland, TX  | 79710                   |            |   |  |                                     |  |  |
| noson(s) for filing (Check proper box)  |   |                         |            | Other (Please explain)                          |  |                                     |  |  |
|   | New Well Change in Transporter of: Recompletion Oil D |                         |            | Change of operator's name                       |  |                                     |  |  |
| Recompletion     Oll       Change in Ownership     Casinghead Gas                     |   | effective April 1, 1988 |            |   |  |                                     |  |  |
|   |   |                         |            | ± <u>, , , , , , , , , , , , , , , , , , , </u> |  |                                     |  |  |
| f change of ownership give name<br>and address of previous owner <u>Ci</u>            | ties Service O  | il & Gas                | Corp       | <u>P. Q. B</u>                                  | x 50250, Midlar  | <u>id, TX 7</u>                     | 9710                                   |  |
|   | TEASE   |                         |            |   |  |                                     |  |  |
| I. DESCRIPTION OF WELL AND  | Well No. Pool Nam                                     | we, including f         | formation  |   | Kind of Lease  |                                     | Lease No.                              |  |
| State DV  | 1 Capro   | ock Penn                | East -     | Cisco   | State, Federal or Fee  | State                               | K-1765                                 |  |
|   |   |                         |            |   |  |                                     |  |  |
| Unit Letter <u>I</u> : 2310   | Feet From The   | South i                 | ne and     | 990   | Feet From The West   | <u>t</u>                            |  |  |
| Line of Section 23 Town   | nip 125   | Range                   | 32E        | , NMPN  | <u>• Iea</u>   |                                     | County                                 |  |
| THE DESIGN A TRANS OF THE ANER  |   | א מזייי א זיי           | LCAS       |   |  |                                     |  |  |
| III. DESIGNATION OF TRANSPO<br>Name of Authorized Transporter of OII                  | or Condensate   |                         | Asiaress   | (Give address                                   | to which approved copy o   | if this form is i                   | io be senij                            |  |
| The Permian Corporation   | PERMIAN CORP EFF 9-                                   | 1-91                    | P. 0       | Box 118   | <u>3 - Houston, TX</u>   |                                     |  |  |
| Name of Authorized Transporter of Casir   | ignead Gas 🔯 or Dry                                   | y Gas 📋                 | Address    | (Give address                                   | to which approved copy o   | if this form is i                   | to be sent;                            |  |
| Warren Petroleum Company  |   | · Pee                   |            | BOX 119   | 7 - Funice, New  | Mexico                              | 88231                                  |  |
| If well produces oil or liquids,  | Unit Sec. Twp<br>+ 1.00 1.10                          | •                       |            |   | 3-16-  | 0.2                                 |  |  |
| give location of tanks.   |   | 2 <u>S ' 32E</u>        |            | les   |  | 83                                  |  |  |
| If this production is commingled with   |   |                         | , Rive com | mingring orde                                   |  |                                     |  |  |
| NOTE: Complete Parts IV and V   | on reverse side if nei                                | cessary.                |            |   |  |                                     |  |  |
| VI. CERTIFICATE OF COMPLIANCE   |   |                         |            | OIL CONSERVATION DIVISION                       |  |                                     |  |  |
| I hereby certify that the rules and regulations of the Oil Conservation Division have |   |                         | APPR       | APPROVED APR 26 1988                            |  |                                     |  |  |
| been complied with and that the information   | given is true and complete                            | e to the best of        |            |   |  |                                     |  |  |
| my knowledge and belief.  |   |                         | BY         | ORI   | GINAL SIGNED BY JE   | RRY SEXTO                           | N                                      |  |
| _   |   |                         | TITLE      | :   | DISTRICT I SUPER   | VINOR                               | ·                                      |  |
| 7/1/7   |   |                         | 1 1        | nis form is to                                  | be filed in compliance   |                                     | E 1104.                                |  |
| f. U. Villano<br>Signasu  | WF. A. Vitran   | 0                       | well, t    | his form mus                                    | uset for allowable for<br>t be accompanied by a<br>well in accordance wi | tabulation o                        | of the deviatio                        |  |
| istrict Operations Manage<br>(Tule)   |   |                         | AI         | I sections of                                   | this form must be fille<br>completed wells.                              |                                     |  |  |
| arch 15, 1988<br>(Demo)   | ,   |                         | F          | 11 out only                                     | Sections I, II, III, and<br>r, or transporter, or othe                   | I VI for char<br>or such chang      | nges of owner<br>re of condition       |  |
|   |   |                         | Se         |   | s C-104 must be filed  |                                     |  |  |
|   |   |                         |            |   |  |                                     |  |  |
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