

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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| SANTA FE               |     |
| FILE                   |     |
| U.S.G.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PROBATION 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)  
☐ New Well  
☐ Recompletion  
☒ Change in Ownership  
 Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate  
 Other (Please explain)  
 Change of operator's name  
 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

|   |               |  |  |                      |
|---|---------------|--|--|----------------------|
| Lease Name<br>State DW  | Well No.<br>2 | Pool Name, including Formation<br>Mescalero Escarpe (Bone Springs) | Kind of Lease<br>State, Federal or Fee State | Lease No.<br>LG-1543 |
| Location<br>Unit Letter K : 1980 Feet From The South Line and 1880 Feet From The West<br>Line of Section 12 Township 18S Range 33E NMPM, Lea County |               |  |  |                      |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |
|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Texas-New Mexico Pipeline Company | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 2528 - Hobbs, New Mexico 88240 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Conoco, Inc.              | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 460- Hobbs, New Mexico 88240    |
| If well produces oil or liquids, give location of tanks.<br>Unit J Sec. 12 Twp. 18S Rge. 33E  | Is gas actually connected? When<br>Yes 2-4-87  |

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

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 2 2 1988, 19  
BY Paul Kautz  
TITLE Geologist

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 deviatoric tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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 multiply completed wells.