STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT Form C-104 --. -- -----Revised 10-01-78 DISTRIBUTION OIL CONSERVATION DIVISION Format 06-01-83 BANTA PE Page 1 P. O. BOX 2088 FILE U.8.0.8 SANTA FE, NEW MEXICO 87501 LAND OFFICE OIL TRANSPORTER GAS REQUEST FOR ALLOWABLE OPERATOR AND PROBATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator OXY USA Inc. 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** 011 Dry Gas effective April 1, 1988 Change in Ownership Casinghead Gas Condensate If change of ownership give name Cities Service Oil & Gas Corp P. O. Box 50250, Midland, TX 79710 and address of previous owner _ II. DESCRIPTION OF WELL AND LEASE Legae Name Nell No. | Pool Name, Including Formation Kind of Lease Legan No Federal AD 1 State, Federal or Fee Fed. Central Corbin Queen NM 55149 Location 660 Feet From The North Line and 1980 Unit Letter Feet From The West Line of Section g Township 18S 33E Range NMPM. 102 County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of CII or Condensate Asacess (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipeline Company Box 2528 - Hobbs, New Mexico 88240 D \cap Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Conoco, Inc. 0. Box 460 - Hobbs, New Mexico 88240 Sec. Unit When Twp. Rae. is gas actually connected? If well produces oil or liquids, give location of tanks. H-121 1 33F 717 185 Yes 9-10-85 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.

(Signature) F. A. Vitrano

<u> District Operations Manager - Production</u> (Title)

March 15, 1988

(Date)

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APPROVED_		. 19	
BY	Orig. Signed by Paul Kautz		
	Geologist		
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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 deviati tests taken on the well in accordance with AULE 111.

All sections of this form must be filled out completely for allo able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owne well name or number, or transporter, or other such change of conditic

Separate Forms C-104 must be filed for each pool in multip completed wells.