

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
OXY USA Inc.

Address
P. O. Box 50250 Midland, Texas 79710

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)
Name change effective 5-1-88

If change of ownership give name and address of previous owner
Cities Service Oil & Gas Corporation
P. O. Box 50250 Midland, TX 79710

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Federal AH</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Central Corbin Queen</u>	Kind of Lease State, Federal or Fee <u>Fed. IC 029489 (a)</u>	Lease No.
Location				
Unit Letter <u>J</u>	<u>2310</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u>			
Line of Section <u>9</u>	Township <u>18S</u>	Range <u>33E</u>	NMPM, <u>Lea</u>	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"/> <u>Koch Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 3609 - Midland, Texas 79702</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 460 - Hobbs, New Mexico 88240</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>J</u> <u>9</u> <u>18S</u> <u>33E</u> <u>Yes</u> <u>---</u>

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. V. [Signature]
(Signature)
District Operations Manager - Production
(Title)
June 10, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 ____
BY GRACE [Signature] DEPT. SECRETARY
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 deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.