STATE OF NEW MEXICO					Form C-104		
58. 67 (8P148 01661768							
DISTRIBUTION OIL CONSERVATION DIVISION					Format 06-01-83 Page 1		
FILE	P. O. BC						
V.8.0.8.	SANTA FE, NEV	V MEXI	CO 87501				
LAND OFFICE							
TRANSPORTER DIL GAS	REQUEST FO		ABLE				
PROBATION OFFICE	AUTHORIZATION TO TRANS	ND ROBT OF					
I	AUTHORIZATION TO TRANS	PURIUI	AND NATU	KAL GAS			
Operator OXY USA Inc.							
Address				<u> </u>			
	0, <u>Midland</u> , <u>TX</u> 79710						
Reason(s) for filing (Check proper box)			Other (Please	explain/			
New Well	Change of operator's name						
Recompletion	Cil Dry Ga Casinghead Gas Conder		effective April 1, 1988				
If change of ownership give name and address of previous owner <u>Ci</u>	ties Service Oil & Gas		P. O. Bo	x 50250, Midlar	nd <u>, TX 79710</u>		
II. DESCRIPTION OF WELL AND	LEASE	<u> </u>		Kind of Lease			
Lease Name	Well No. Pool Name, Including F	ormation		State, Federal or Fee			
Owen	l   Wantz Grani	te Was	1.	Sidie, / ederal of / ee	Fee		
Location			•	_			
Unit Letter P : 660	Feet From The <u>South</u> Lin	e and <u>6</u>	50	_ Feet From The <u>Ea</u>	<u>st</u>		
Line of Section 35 Towns	hip 215 Range 2	7E-3	7 . NMPN	lea		County	
III. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL	L GAS					
Name of Authorized Transporter of Oli	cr Congensate	Asaress	(Give address i	o which approved copy o	if this form is to be so	entj	
Texas-New Mexico Pipeline			P. O. Box 2528 - Hobbs, New Mexico 88240 Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casing							
				- Eunice, New M	<u>1exico 88231</u>		
If well produces oil or liquide,	nit Sec. Twp. Age.		tually connecti		-		
give location of tanks.	<u>P 35 218 37E</u>	Ye Ye					
If this production is commingled with	that from any other lease or pool.	give com	ningling order	number:			
NOTE: Complete Parts IV and V of	on reverse side if necessary.	:*					
VI. CERTIFICATE OF COMPLIANC	CE		OIL C	ONSERVATION DI	VISION		
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		APPR	OVED	<u>MAY 3 - 1</u>	<u>]98</u> , 19		
my knowledge and belief.	•	BY		Otte Stoned L			
				Paul Kautz			
		TITLE		Geologist			
n/11/1-		<u>п</u>	is form is to	be filed in complianc	WITH RULE 1104		
f. U. Vilsano			If this is a request for allowable for a newly drilled or deepent well, this form must be accompanied by a tabulation of the deviation				
(Signature	VF. A. Vitrano	weil, t	his form must	be accompanied by a veli in accordance with the test of t	tabulation of the c	10viatio	
istrict Operations Manager	- Production			this form must be fille		or allow	
(Title)				chis form must be this completed wells.			

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March 15, 1988

(Date)

All sections of this form must be 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 conditio:

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

