

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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, TX 79710	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change of operator's name effective April 1, 1988
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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 State N	Well No. 4	Pool Name, Including Formation Arrowhead Grayburg	Kind of Lease State, Federal or Fee State	Lease No. B-149
Location				
Unit Letter <u>M</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u>				
Line of Section <u>2</u> Township <u>22S</u> Range <u>36E</u> NMPM, <u>Lea</u> Coun				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Company	Box 1510 - Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Getty Oil Company <u>Leaoco Prod. Inc.</u>	Box 1231 - Midland, TX 79701
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	K 2 22S 36E Yes --

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 APR 26 1988, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR

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 deviated 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 owner well name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.