

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 08-01-83  
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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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  
☐ 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 <u>Owen A</u>	Well No. <u>8</u>	Pool Name, including Formation <u>Wantz Abo</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>I</u> : <u>1830</u> Feet From The <u>South</u> Line and <u>710</u> Feet From The <u>East</u> Line of Section <u>35</u> Township <u>21S</u> Range <u>37E</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>Texas-New Mexico Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2528 - Hobbs, New Mexico 88240</u>
Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Getty Oil Company - Texaco Prod Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1137 - Eunice, New Mexico 88231</u>
If well produces oil or liquids, give location of tanks. Unit <u>0</u> Sec. <u>35</u> Twp. <u>21S</u> Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u> when <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. Vitrano  
(Signature) F. A. Vitrano  
District Operations Manager - Production  
(Title)  
March 15, 1988  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 3 - 1988, 19 \_\_\_\_\_  
BY Orig. Signed 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 deviated 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 Form C-104 must be filed for each pool in multiphase completed wells.

RECEIVED

MAR 29 1988

OCD  
HCBBS OFFICE