

STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

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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

Operator

OXY USA Inc.

Address

P. O. Box 50250, Midland, TX 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 checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> 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 Brunson B	Well No. 2	Pool Name, including Formation Blinbry Oil & Gas	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>K</u> <u>1912</u> Feet From The <u>South</u> Line and <u>1912</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>22S</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"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Co.	Box 2528 - Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northern Natural Gas Co.	Box 2370 - Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit <u>I</u> Sec. <u>4</u> Twp. <u>22S</u> Rge. <u>37E</u>	Yes <u> </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. Vitranu
(Signature) F. A. Vitranu
District Operations Manager - Production
(Title)

March 15, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED Mar 15 1988, 19

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 deepen 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 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 Forms C-104 must be filled for each pool in multiple completed wells.

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