Sea instructions at Bottom of Page

District se

P.O. Box 1980, Hobbs, NM 88240 DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210 DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Sante Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l,											
Operator OXY USA INC.						Well API No. 30 025 09417					
Address P.O. BOX 50250, MID	LAND, TX 797	710									
New Well	Change in Tran	asporter of	:				ther (Please e)	oplain)			
Recompletion	Oil Dry Gas										
										ļ	
Change in Operator	Casingheed Ga	<u> </u>		CONCORRAGE	'						
If change of operator give name and address of previous operator	TEXACO EX	PLORAT	ION & F	PRODUCTION	ON INC, P.O	. BOX 730, H	IOBBS, NM 8	8240			
II. DESCRIPTION OF WELL AND I	EASE						16-	<del></del>	·	<del></del>	
Lease Name	Well No. Pool Name, Inclu				ding Formation			Lease State, Federal or Fee Lease No.			
MYERS LANGLIE MATTIX UNIT		38	LAN	IGLIE MATTU	(7 RVRS Q G	RAYBURG	∫F <u>E</u>	DERAL	ļ	NM21644	
Location	. 6	60	F4 F-	Th. 6	OUTU 155	and 660	Eggt	From The E	AST I	ine	
Unit Letter P				om ine				17011 THE		]	
		4415 4147						* *			
III. DESIGNATION OF TRANSPOR Name of Authorized Transporter of	( I ER OF OIL ) 			JAS Jensate	Address (Giv	e address to w	hich approved	copy of this form	n is to be sent)		
Texas New Mexico Pipeline Company					1670 Broadway Denver, Colorado 80202						
Name of Authorized Transporter of Casinghead Gas Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
Texaco Exploration & Production Inc					P. O. Box 1137 Eunice, New Mexico 88231						
If Well Produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actually connected? When?						
give locaton of tanks	G	5	245	37E	no						
If this production is commingled with the	at from any othe	r lease or	pool, give	ocommingling	g order numbe	г					
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oii W	/ell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth	<u> </u>	i	P.B.T.D	l	1	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					l			Depth Casing Shoe			
		TUBING	G. CAS	ING AND	CEMENTI	IG RECOR	2D				
HOLE SIZE CASING and TUBING SIZE					DEPTH SET			SACKS CEMENT			
	1 -										
					ļ			<u> </u>			
V. TEST DATA AND REQUEST F											
OIL WELL (Test must be aft			ne of loa	id oil and mu	<del></del>				or be a full 24 h	iours.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas - MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF	F COMPLIANO	 CE				· <del>-</del> ·		<u> </u>			
I hereby certify that the rules and regulations	of the Oil Conser	Y-4-A				011 0	ON SERV	/ATION [	ארופועור	}	
is true and complete to the post of thy indiv	THE THE THE	7			İİ		, , , , , , , , , , , , , , , , , , ,		***************************************		
	//////								e ed		
Signature					Date	Approved	<u>}</u>	· ÷ · · · · · · · · · · · · · · · · · ·	<u> </u>		
P. N. McGee Land Manager									cayani	N	
Printed Name	Title 685-5600				<b>∦</b> By	- net	CINAL SIG	NEO THE JES	CRY SEXIO	<u>-</u>	
1/6/94					By ORIGINAL SIGNED THE JERRY SEXTON  DISTRICT 1 STREET SEXTOR						
					Title						
Date	لم ا	POTOTO N	ir)		11						

INSTRUCTIONS: This form is to be filed in compliance with rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only sections I, II, III, and IV for changes in operator, well name or number, transporter, or other such changes
- 4) Sepreate Form C-104 must be filed for each pool in multiply completed wells.