propriate District Office

**DISTRICT I** 

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

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

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT III

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## OIL CONSERVATION DIVISION

P.O. Box 2088

Sante Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Revised 1-1-89 See Instructions It Bottom of Page	

Operator					We	II API No.				
OXY USA INC.						3(	0 025 09475			
Address P.O. BOX 50250,	MIDLAND, TX 79710									
New Well	Change in Transporter of:			□ ou	ner (Please ex	plain)				
Recompletion	] Oil	Oil Dry Gas 🔲								
Change in Operator	Casinghead Gas	Condensate								
If change of operator give name and add of previous operator	TEXACO EXPLORATIO	N & PRODUCTIO	ON INC, P.O. B	OX 730, HO	BBS, NM 8	3240				
II. DESCRIPTION OF WELL A	ND LEASE									
Lease Name	Well No.	Pool Name, Includ	ling Formation	- DPAN.	Kind o	f Lease State, Fede	rai or Fee Lease			
MYERS LANGLIE MATTIX UN	IIT 70	LANGLIE MATTO	( 7 RVRS Q GRA	YBURG	STA	ATE		B1431		
Location Unit Letter	<u>H</u> : <u>1980</u> Fe	et From The _N	ORTH_Line a	nd <u>660</u>	Feet	From The <u>E</u>	AST L	ine		
Section 36	Township_2	38	Range <u>36</u>	Ε	_NMPM	<del></del>	LEA_CC	YTNU		
		•								
III. DESIGNATION OF TRANS		RAL GAS								
Name of Authorized Transporter of TEMPORARILY ABANDONED		Condensate	Address (Give a	ddress to wh	ich approved o	copy of this for	n is to be sent)			
Name of Authorized Transporter of										
Texaco Exploration & Production i		Гwp. Rge.	P. O. Box 113							
If Well Produces oil or liquids, give locaton of tanks	Unit Sec.	TWP.	no	Connected	VVIIC	· · · · · · · · · · · · · · · · · · ·				
If this production is commingled w	ith that from any other lease or po	ol, give commingling	g order number:							
IV. COMPLETION DATA								· · · · · · · · · · · · · · · · · · ·		
Designate Type of Comple	etion - (X)	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Pr	rod.	Total Depth			P.B.T.D				
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Form	Name of Producing Formation Top Oil/Gas Pay Tubing Depth								
orforations			1	Depth Casing Shoe						
	TUBING.	CASING AND	CEMENTING	RECOR	<del></del>	I				
HOLE SIZE		CASING and TUBING SIZE			DEPTH SET			SACKS CEMENT		
						-	<del></del>			
V. TEST DATA AND REQUE										
OIL WELL (Test must   Date First New Oil Run To Tank	be after recovery of total volume Date of Test	of load oil and m	Producing Met				or be a full 24 f	nours.)		
I and had Tark	Tubing Brassure		Casina Pressur			Choke Size				
Length of Test	i uping rressure	Tubing Pressure		Casing Pressure			UNIONO VEU			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.		Water - Bbis.			Gas - MCF			
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test	Length of Test		Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICAT	TE OF COMPLIANCE									
t hereby certify that the rules and regu	liations of the Oil Conservation		.	ית, ווח,	ياران د د .	دە بەرىسىتىمىن كاقت	e transmitte			
is our aim ourigides to the true of	and golden									
	1/12/11				L.L	<u>.</u> is	194			
Signature			Date A	pproved						
P. N. McGee	icGee Land Manager			ORIG	INAL SIGN	ral ve dai	RY SEXTON	Ì		
Printed Name 1/6/9	DISTRICT I SUPERVISOR Title									
Date	Telephone No.		- Inc							
	. Liophionia ive									

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

- 1) 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.