Revis 1-89
See Instructions
at Bottom of Page

to App.
District On.

DISTRICT

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

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

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 09477					
Address		·,·· -								<del></del> <u>-</u>		
P.O. BOX 50250	, MIDLAND	), TX 797	10									
New Well	Change in Transporter of:					Other (Please explain)						
Recompletion Oil				Dry Gas								
Change in Operator	Casir	asinghead Gas Condensate				· L						
If change of operator give name and ac	idress						DOV 700 III	0000 1410	00.40			
of previous operator	TEX	ACO EXI	PLORAT	ION &	PRODUCTION	ON INC, P.O.	BOX 730, H	OBBS, NM 8	8240			
II. DESCRIPTION OF WELL	AND I FASI	E										
Lease Name Well No.   Pool Name, Inclu						ding Formation			nd of Lease State, Federal or Fee Lease No.			
MYERS LANGLIE MATTIX U	NITTIN	64 L			IGLIE MATTI	( 7 RVRS Q GRAYBURG		ST	TATE B143		B1431	
Location	_					OPTU Lin	and 1080	Feet	From The E	TPA	Line	
Unit Letter _	<u> </u>	66	<u> </u>	Feet Fr	om TheN		e and <u>1980</u>					
Section 36	·	То	wnship_	238_		Range	36E	NMPM		LEA (	COUNTY	
II. DESIGNATION OF TRANS	SPORTER	OF OIL A	ND NAT	URAL	GAS							
Name of Authorized Transporter of	Á	Oil	$\boxtimes$	Con	densate	1			copy of this for	n is to be sen	0	
Texas New Mexico Pipeline Company						1670 Broadway Denver, Colorado 80202						
Name of Authorized Transporter of Casinghead Gas Dry Gas Texaco Exploration & Production Inc						Address (Give address to which approved copy of this form is to be sent) - 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 that fron	n any other	lease or	pool, giv	e commingling	g order numbe	r:			<del>-</del>		
IV. COMPLETION DATA			·····	1		1	1 10/ 4	1 _	1	1		
Designate Type of Comp	etion - (X	)	Oil W	/ell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	V Diff Res'	
Date Spudded	Di	ate Compl	Ready to	Prod.		Total Depth	1	L	P.B.T.D	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth			
Perforations		<del></del>				<u></u>			Depth Casing	g Shoe		
			TUDINI	~ ~~	CINC AND	CEMENTI	IC BECOR	<u> </u>	1		<del></del>	
HOLE SIZE		TUBING, CASING AND CASING and TUBING SIZE				DEPTH SET			SACKS CEMENT			
										7./		
V. TEST DATA AND REQUE	ST FOR A	LLOWAR	RI F								· · · · · · · · · · · · · · · · · · ·	
				ne of lo	ad oil and mi	ust be equal t	o or exceed to	op allowable 1	or this depth	or be a full 2	4 hours.)	
Date First New Oil Run To Tank		ate of Tes					ethod (Flow, po					
ngth of Test Tubing Pressure						Casing Pres	PUTA	<del>-</del>	Choke Size	Choke Size		
Length of Test	"	Tubing Pressure				Casing Flos	but 0		5.000 525			
Actual Prod. During Test	Oi	Oil - Bbis.				Water - Bbis.			Gas - MCF			
GAS WELL					···	1			la- :: :-			
Actual Prod. Test - MCF/D	Length of Test					Bbis. Conde	nsate/MMCF		Gravity of Condensate			
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size				
						-				,		
VI. OPERATOR CERTIFICA	-											
I hereby certify that the rules and reg	ulations of the	Oil Conserv	ration			li .		∨ис <u>ь</u> в⁄	VATION	טואואוט	M	
is also and conspicts to the cost on.	777	1111	1/									
	1//		111			_		ũ.T.	199	14		
Signature			ے 			Date	Approved	TES	100			
P. N. McGee			d Manag	<del>e</del> r		<b>∥</b> Ву	OR	IGINAI CI	SNED BY J	<u> </u>	ron-	
Printed Name	24	Titk	e 5-5600						CT I SUPER		- OTT	
						Title				· · · · · · · · · · · · · · · · · · ·		
Date		Tek	ephone N	10.								

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.