

DISTRICT I
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**

Operator OXY USA INC.		Well API No. 30 025 09483	
Address P.O. BOX 50250, MIDLAND, TX 79710			
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	<input type="checkbox"/> Other (Please explain)	
Change in Operator	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas
		Casinghead Gas	<input type="checkbox"/> Condensate

If change of operator give name and address
of previous operator

TEXACO EXPLORATION & PRODUCTION INC, P.O. BOX 730, HOBBS, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name MYERS LANGLIE MATTIX UNIT	Well No. 104	Pool Name, including Formation LANGLIE MATTIX 7 RVRS Q GRAYBURG	Kind of Lease State, Federal or Fee STATE	Lease No. B243
Location Unit Letter P : 660 Feet From The SOUTH Line and 660 Feet From The EAST Line Section 36 Township 23S Range 36E NMPM LEA COUNTY				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Texas New Mexico Pipeline Company		Oil <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202	
Name of Authorized Transporter of Texaco Exploration & Production Inc		Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	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, give locaton of tanks	Unit G	Sec. 5	Twp. 24S	Rge. 37E
		Is gas actually connected?		When?
		no		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be a full 24 hours.)

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 - Bbls.	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 COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.

Signature
P. N. McGee
Printed Name
1/6/94
Date
Land Manager
Title
685-5600
Telephone No.

OIL CONSERVATION DIVISION

FEB 1994

Date Approved
By **ORIGINAL SIGNED BY JERRY SEXTON**
Title **DISTRICT I SUPERVISOR**

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) Sperate Form C-104 must be filed for each pool in multiply completed wells.