

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

Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Sante Fe, New Mexico 87504-2088

Revised  
See Instruction  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator	OXY USA INC.	Well API No.	10566 30 025 22644
Address P.O. BOX 50250, MIDLAND, TX 79710			
New Well	<input type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas
Change in Operator	<input checked="" type="checkbox"/>	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	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
MYERS LANGLEIE MATTIX UNIT	22	LANGLIE MATTIX 7 RVRS Q GRAYBURG	FEDERAL	LC057420
Location				
Unit Letter	K	1875 Feet From The	SOUTH Line and	2052 Feet From The
Section	28	Township	23S	Range
			37E	NMPM
				LEA COUNTY

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of	Oil	Condensate	Address (Give address to which approved copy of this form is to be sent)	
SHUT-IN	<input type="checkbox"/>	<input type="checkbox"/>		
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P. O. Box 1137 Eunice, New Mexico 88231	
If Well Produces oil or liquids, give location of tanks	Unit	Sec.	Twp.	Rge.
Is gas actually connected?		When?		
no				

If this production is commingling 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 (pilot, 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 followed and that the information furnished  
is true and complete to the best of my knowledge.

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

OIL CONSERVATION DIVISION

Date Approved  
By  
Title  
ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 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) Separate Form C-104 must be filed for each pool in multiply completed wells.