Submit 5 copies to Appropriate District Office

DISTRICT 1

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

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P.O. Box 2088

Sante Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

Operator	,			Well API No.	30 025 10892	
OXY USA INC.					20 020 10002	
P.O. BOX 50250, MIDL			Other #	Olegae evalgia)		
=	Change in Transporter of: Oil	Dry Gas	☐ Other (Please explain)			
	Casinghead Gas	Condensate				
if change of operator give name and address of previous operator	TEXACO EXPLORATIO	ON & PRODUCTION	ON INC, P.O. BOX 730, HOBB	S, NM 88240		
II. DESCRIPTION OF WELL AND L				Kind of Lease State, Fed	eral or Fee Lease No.	
Lease Name MYERS LANGLIE MATTIX UNIT Location	Well No.	Pool Name, Includ	ing Formation (7 RVRS Q GRAYBURG	FEDERAL	LC060825A	
Unit LetterD	:330F	eet From TheN	ORTH Line and 660	Feet From The\	WEST Line	
Section 30	Township	238	Range37E NN	MPM	LEA_ COUNTY	
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATU	JRAL GAS				
Name of Authorized Transporter of	Oil 🛛	Condensate	Address (Give address to which a		rm 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)						
Name of Authorized Transporter of Texaco Exploration & Production Inc	P. O. Box 1137 Eunice, New Mexico 88231					
If Well Produces oil or liquids, give locaton of tanks	G 5	Twp. Rge. 24S 37E	is gas actually connected?	When?		
If this production is commingled with the	at from any other lease or po	ool, give comminglin	g order number:			
IV. COMPLETION DATA	Oil We	ul Gas Well	New Well Workover D	Deepen Plug Back	Same Res'v Diff Res'v	
Designate Type of Completion	- (X)	, Jan 175				
Date Spudded	Date Compl. Ready to F	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			
			CEMENTING RECORD		ALOVA OF ITALIT	
HOLE SIZE	CASING and TUBING SIZE		DEPTH SET		SACKS CEMENT	
					, a	
V. TEST DATA AND REQUEST F	OR ALLOWABLE					
		e of load oil and m	ust be equal to or exceed top all		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	Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Gas - MCF	Gas - MCF	
GAS WELL				l		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	Choke Size	Choke Size	
VI. OPERATOR CERTIFICATE O						
I hersby certify that the rules and regulation	the infermation about about		The contract of the contract o	10Em/4T108	ואטיטאיי איניטאיי	
and complete to the area to the sacre	Modicine white project				:0 91	
Signature	HILL		Date Approved	fli	1994	
Signature P. N. McGee						
Printed Name Title 1/6/94 685-5600			By ORIGINAL SIGNED BY JERRY SEXTONS DISTRICT I SUPERVISOR:			
Date	Telephone N	0.	Hille			
Care	r elebrinis IA					

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.