## Submit 5 copies to Appropriate Energy, M District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088

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

DISTRICT III

DISTRICT II

DISTRICT I

1000 Rio Brazos Rd., Aztec, NM 87410

Sante Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.											
Operator OXY USA INC.						Well API No. 30 025 10914					
Address P.O. BOX 50250, MIDLA	ND, TX 79710				· ··		1				
	hange in Transporte	ar of:				Па	ther (Please ex	nlain)			
	Oil Dry Gas						(1: 10 <del>000</del> 0 6X				
	u esingheed Gas	Ĺ	_	Condensate	=				•		
If change of operator give name and address of previous operator	EXACO EXPLO	RATION	I & PI	RODUCTIO	ON INC, P.O.	BOX 730, H	OBBS, NM 88	3240			
II. DESCRIPTION OF WELL AND LEA	ASE										
Lease Name Well No. Pool Name, Includ					ling Formation Kind o			Lease State, Federal or Fee Lease No.			
MYERS LANGLIE MATTIX UNIT Location	112 LANGLIE MATTIX				7 RVRS Q GRAYBURG ST/			ATE B1327			
Unit Letter P	:990	Fee	t Fro	m TheS	OUTH Line	e and 990	Feet F	rom The <u>E</u>	<u>AST</u> L	ine	
Section 32 Township 23S Range 37E NMPM LEA COUNTY											
III. DESIGNATION OF TRANSPORTI	ER OF OIL AND	NATUR	AL G	AS							
Name of Authorized Transporter of	Oil 2			ensate	1		nich approved c	- •	n is to be sent)		
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						
f Welt Produces oil or liquids, Unit Sec. Twp.			vp.	Rge.				?	· -		
give locaton of tanks		5 24		37E	no						
If this production is commingled with that t	from any other leas	e or pool	, give	commingling	order number	r:				·	
IV. COMPLETION DATA	<del></del>			<u> </u>		Madenie		<u> </u>	· ·	1	
Designate Type of Completion -	(X) C	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	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					<u> </u>			Depth Casing Shoe			
					CEMENTING RECORD						
HOLE SIZE CASING and TUBING SIZE					DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUEST FOR	P ALLOWANDIE						· · · · · · · · · · · · · · · · · · ·	<u> </u>			
OIL WELL (Test must be after		olume o	of load	d oil and mu	ıst be equal t	o or exceed to	op allowable fo	or this depth o	or be a full 24 h	ours.)	
Date First New Oil Run To Tank	Date of Test				·		ımp, gas lift, et			<u> </u>	
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.			Gas - MCF			
GAS WELL	<u> </u>				1	<del></del>					
Actual Prod. Test - MCF/D						Bbis. 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					1			1		··	
I hereby certify that the rules and regulations of Division have been compiled with and that the is true and complete to the best-epmy, top-yeles	the Oil Conservation information/given above	•				OIL C	ONSERV	ATION [	DIVISION		
	Elec							i i	.394		
Signature Land Manager					Date Approved						
P. N. McGee Land Manager					By ORIGINAL SIGNED BY JERRY SEXTON						
Printed Name Title 1/6/94 685-5600					DISTRICT I SUPERVISOR Title						
Date Telephone No							<del></del>				

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.