

Operator OXY USA INC.		Well API No. 30 025 10915
Address P.O. BOX 50250, MIDLAND, TX 79710		
New Well <input type="checkbox"/>	<input type="checkbox"/> Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
<input type="checkbox"/> Other (Please explain)		

If change of operator give name and address of previous operator

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

Lease Name MYERS LANGLIE MATTIX UNIT		Well No. 91	Pool Name, Including Formation LANGLIE MATTIX 7 RVRS Q GRAYBURG	Kind of Lease State, Federal or Fee STATE	Lease No. B1327
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>32</u> Township <u>23S</u> Range <u>37E</u> NMPM <u>LEA</u> COUNTY					

Name of Authorized Transporter of INJECTOR		Oil <input type="checkbox"/>	Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of INJECTOR		Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If Well Produces oil or liquids, give locaton of tanks	Unit	Sec.	Twp.	Rge.	Is gas actually connected? no
When?					

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

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		OIL CONSERVATION DIVISION	
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.		1994	
Signature P. N. McGee		Date Approved	
Printed Name 1/6/94		By	
Title 685-5600		ORIGINAL SIGNED BY JERRY SEXTON	
Date		Title DISTRICT I SUPERVISOR	
Telephone No.			

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.

DeSotoNichols 110893