Submit 5 copies to Appropriate Distric Office

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## DISTRICT L

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

·							We	I API No.	· · · · · · · · · · · · · · · · · · ·		
Operator OXY USA INC.									025 10931		
Address P.O. BOX 50250,	MIDLAND, TX 797	10									
New Well Change in Transporter of:					Other (Please explain)						
Recompletion Oil			Dry Gas								
Change in Operator				Condensate							
f change of operator give name and add	ress		<b></b>		N NO 22	BOV 720 11	ODDE MASS	1240			
of previous operator	TEXACO EX	PLORATI	ON & P	KODUCTIC	JN INC, P.O.	BUX /30, H	UDDS, NM 80				
II. DESCRIPTION OF WELL A	ND LEASE						[Kind or	Lassa State, Fede	raior Fee Logs	a No	
.ease Name Well No. Pool Name, Inclu							FEE		Coas		
MYERS LANGLIE MATTIX UN Location	<u>                                     </u>	54	Day	GLEMATIO	( ) KVK3 Q G	TOTI DONO	1155		<u></u>		
	D : 6	60	Feet Fro	om The _N	ORTH_Line	and 660	Feet i	rom The V	VEST	Line	
Section 33	то	ownship	238		Range	37E	NMPM		LEA C	OUNTY	
		A 1 1 1 1 1 A T	11541	340							
III. DESIGNATION OF TRANS  Name of Authorized Transporter of				ionsate	Address (Glw	e address to w	hich approved o	opy of this for	n is to be sent)		
Texas New Mexico Pipeline Co	Address (Give address to which approved copy of this form is to be sent) 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)						
Texaco Exploration & Production In							New Mexico 8				
If Well Produces oil or liquids,	Unit G	Sec.	Twp.	Rge. 37E	is gas actua	illy connected	? Wher	lf	12/20/5	5	
give locaton of tanks If this production is commingled w		<u> </u>	1		<u></u>		L				
IV. COMPLETION DATA	un umac normany our	., rusou Uf	Loui, Aise	y.n.	g						
Designate Type of Comple	ation - (X)	Oil W	/ell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth	1	1	P.B.T.D	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depti	Tubing Depth		
	, staile of P	raine or rivuvdilg rumatori							Depth Casing Shoe		
Perforations								Dopui Geein			
		TUBING, CASING AND									
HOLE SIZE	CA	CASING and TUBING SIZE				DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUE	ST FOR ALLOWA be after recovery of	BLE	me of lo	ad oil and m	ust be equal:	to or exceed t	op allowable f	or this depth	or be a full 24	l hours.)	
OIL WELL (Test must I Date First New Oil Run To Tank	Date of Te		- C - C	OR OR FU !!!			ump, gas lift, e				
T. blog December					Casing Pressure Choke						
Length of Test	Tubing Pre	Tubing Pressure			Casing Pressure						
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas - MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICAT											
I hereby certify that the rules and regulation from hours beautiful.	ulations of the Oil Corns	-vatir -			JII	Oii O	VNGEB/	NOTION	טואואוט	N	
is true and complete to the passon in	フナノンテン	1			1						
	111 111	ie .									
Signature				Date	Date Approved						
P. N. McGee Land Manager				By ORIGINAL SIGNED BY JERRY SEXTON							
Printed Name Title							DISTR	ICT I SUPE	RVISOR		
1/6/9		85-5600			Title						
Date	Т	elephone i	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.