

I.

Operator
OXY USA INC.

Well API No.
30 025 25947

Address
P.O. BOX 50250, MIDLAND, TX 79710

New Well ☐ Change in Transporter of: ☐ Other (Please explain)

Recompletion ☐ Oil ☐ Dry Gas ☐

Change in Operator ☒ Casinghead Gas ☐ 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
MYERS LANGLIE MATTIX UNIT

Well No.
92

Pool Name, Including Formation
LANGLIE MATTIX 7 RVRS Q GRAYBURG

Kind of Lease State, Federal or Fee
STATE

Lease No.
B1327

Location

Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line

Section 32 Township 23S Range 37E NMPM LEA COUNTY

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of
Texas New Mexico Pipeline Company

Oil ☒ Condensate ☐

Address (Give address to which approved copy of this form is to be sent)
1670 Broadway Denver, Colorado 80202

Name of Authorized Transporter of
Texaco Exploration & Production Inc

Casinghead Gas ☒ Dry Gas ☐

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1137 Eunice, New Mexico 88231

If Well Produces oil or liquids,
give locaton of tanks

Unit
G

Sec.
5

Twp.
24S

Rge.
37E

Is gas actually connected?
no

When?

If this production is commingled 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 complied with and that the information given above
is true and complete to the best of my knowledge and belief.

Signature
P. N. McGee

Land Manager

Printed Name
1/6/94

Title
685-5600

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By
ORIGINAL SIGNATURE
DISTRICT I SUPERVISOR

Title

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.

DeSoto/Nichols 110893