## State of New Mexico

Submit 5 copies to Appropriate District Office Energy, Minerals and Natural Resources Department

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

## DISTRICT L OIL CONSERVATION DIVISION

P.O. Box 2088

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

P.O. Box 1980, Hobbs, NM 88240

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

Sante Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							We	li API No. a/	0 025 29655		
OXY USA INC.									7 023 25033		
Address P.O. BOX 50250, MII	DLAND, TX 7971	10									
lew Well Change in Transporter of:					Other (Please explain)						
Recompletion	Oil			Dry Gas							
Change in Operator	Casinghead Gas	5		Condensate	• 🗆						
f change of operator give name and address of previous operator	TEXACO EXF	PLORATIO	N & P	RODUCTION	ON INC, P.O.	BOX 730, H	OBBS, NM 88	3240			
									-		
I. DESCRIPTION OF WELL AND	LEASE		1			<del></del>	Kind o	Lease State, Fede	rai or Fee  Lease	No.	
TERS LANGLIE WATTIX ONLY								DERAL LC060824			
Location Unit Letter	K :133	30 Fe	et Fro	om The _S	OUTH_Line	and <u>1330</u>	Feet i	rom The <u>V</u>	VEST_L	ine	
Section 20		wnship <u>2</u>				37E	NMPM		LEA_CC	UNTY	
Section 29							-				
II. DESIGNATION OF TRANSPO	RTER OF OIL A	ND NATU	RAL (	GAS							
Name of Authorized Transporter of				densate	Address (Give	address to wi	nich approved o	opy of this for	n is to be sent)		
Texas New Mexico Pipeline Comp	Oil anv	М	CON	Delisare [_]			Colorado 802		ŕ		
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 Inc					P. O. Box 1137 Eunice, New Mexico 88231						
If Well Produces oil or liquids,		1 1 1			is gas actually connected? When						
give locaton of tanks	G		245	37E	YES	·			4/2/86		
If this production is commingled with	that from any other	r lease or po	ol, give	e comminglin	ig order numbe	·					
IV. COMPLETION DATA					1	1 34 .	<del></del>	·	<del>  </del>	1	
Designate Type of Completic	on - (X)	Oil Well	<u> </u>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'	
Date Spudded	Date Compl	. Ready to Pr	rod.		Total Depth			P.B.T.D			
levations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing	g Shoe		
		TUDING	CAS	SING AND	CEMENTI	IG PECOR	n	l			
HOLE SIZE	HOLE SIZE CASING and TUBING SIZE				CEMENTING RECORD DEPTH SET			SACKS CEMENT			
HOLE GEL				****							
								<del>-</del>			
NAME OF THE PARTY	FOR ALLOWA		-					1			
V. TEST DATA AND REQUEST	FOR ALLOWAL		a of lo	ad oil and m	wet ha acusi t	n or exceed t	on allowable f	or this depth	or be a full 24	hours.)	
OIL WELL (Test must be a Date First New Oil Run To Tank	Date of Tes		5 01 10	au on and n			ump, gas lift, e				
	23.3 31 100	-					· ·				
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas - MCF			
GAS WELL						• •			1.1		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
								Objective Objective			
Testing Method (pitot, back pr.)	lethod (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE	OF COMPLIANO	CE									
I hereby certify that the rules and regulati Division have been complied with and the is true and complete to the best of my ke	ions of the Oil Conser at the information give powering and belief.	vation en above				OIL C	ONSER	VATION	DIVISION	١	
	Then							i:	e e e e e e e e e e e e e e e e e e e	7	
Signature					Date	Approved	L	, No. 1	Park.	•	
P. N. McGee	La	nd <b>Manage</b>	r					L SIGNED	BY JERRY S	EXTON	
Printed Name	Tit	le			RA		DKIONY	ISTRICY	CPERVISOR	<del></del>	
1/6/94	68	5-5600			Title						
Date	Te	lephone 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.