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Appropriate District Office
DISTRICT I
P.C. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator OXY USA Inc.		Well API No. 30-025-11383 ✓	
Address P.O. Box 50250 Midland, TX. 79710			
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)			
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hodges B	Well No. 3	Pool Name, Including Formation Justis Tubb-Drinkard	Kind of Lease <input checked="" type="radio"/> Fee	Lease No.
Location				
Unit Letter L : 1880 Feet From The South Line and 330 Feet From The West Line				
Section 1 Township 25S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 Hobbs, NM 88241			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Sid Richardson Carbon & Gasoline Co.	Address (Give address to which approved copy of this form is to be sent) 201 Main St. Ft. Worth, TX. 76102			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 1	Twp. 25	Rge. 37
Is gas actually connected?		When?		
Yes		2-9-93		

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 XX	Gas Well	New Well	Workover XX	Deepen	Plug Back	Same Res'v	Diff Res'v XX
Date Spudded 12/15/92	Date Compl. Ready to Prod. 2/9/93		Total Depth 7224'		P.B.T.D. 6850'			
Elevations (DF, RKB, RT, GR, etc.) 3118'	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6058'		Tubing Depth 5989'			
Perforations 6058' - 6116'					Depth Casing Shoe 7220'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	503'	500
12 1/4"	9 5/8"	3400'	2550
8 3/4"	7"	7220'	750
	2 3/8"	5989'	

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 for full 24 hours.)

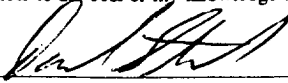
Date First New Oil Run To Tank 2/9/93	Date of Test 4/12/93	Producing Method (Flow, pump, gas lift, etc.) pump 2"X 1 1/4"X 20' BHD	
Length of Test 24	Tubing Pressure ----	Casing Pressure ----	Choke Size ----
Actual Prod. During Test	Oil - Bbls. 21	Water - Bbls. 49	Gas - MCF 45

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 
Printed Name David Stewart Prod. Acct. Title
Date 4/14/93 915-685-5717 Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 16 1993

Signed by
By Paul Kautz
Geologist

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 VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.