Submit 5 copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Departs

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Sante Fe, New Mexico 87504-2088

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

DISTRICTL

P.O. Box 1980, Hobbs, NM 88240

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM	87410 RE		ALLOWABLE SPORT OIL A							
Operator OXY USA INC.	Well API No.									
Address P.O. BOX 50250, M	IIDI AND TY 797	10						30 025 10976		
New Well										
	Change in Tran	sponer or:	7 Day Con	_	י ווי	Xther (Pleese e	pplain)			
Recompletion Change in Operator	Oil Casinghead Ge	• [Dry Gas Condense	Ŀ [_						
If change of operator give name and address of previous operator		PLORATION	& PRODUCTI	ON INC, P.O	. BOX 730, H	IOBBS, NM 8	38240			
II. DESCRIPTION OF WELL AN				···				·		
Lease Name		1	ool Name, Inclu	-		IO-d	of Lease State, Fed	oral or Fee Louise	No.	
MYERS LANGLIE MATTIX UNIT	•	190	ANGLIE MATT	X 7 RVRS Q G	RAYBURG	ST	ATE		B9974	
Location Unit Letter	N : 66	<u> Feet</u>	ئے From The	OUTH_LIn	e and <u>1980</u>	Feet	From The	VEST	Line	
Section 2	То	wnship 24S		Range	37E	NMPM		LEA CO	YTNUC	
III. DESIGNATION OF TRANSPO	ORTER OF OIL A	ND NATURA	IL GAS							
Name of Authorized Transporter of	Oil	⊠ c	ondensate					m is to be sent)		
Texas New Mexico Pipeline Comp		nd Ges 🔀		1670 Broad	way Denver,	Colorado 802	202			
Name of Authorized Transporter of Texaco Exploration & Production Inc.			Dry Gas []	Address (Giv	e address to w 137 Eunice	hich approved New Mexico	copy of this for	m is to be sent)	T. 541783	
If Well Produces oil or liquids, give location of tanks	Unit	Sec. Twy	o. Rge.	is gas actua	lly connected	Whe	n?	T. WOR	TH, TX 740	
If this production is commingled with						I				
IV. COMPLETION DATA					·		•			
Designate Type of Completion	on - (X)	Oil Well	Gas Well	Now Well	Workover	Deepen	Plug Back	Same Res'y	Diff Res'v	
Date Spudded	Date Compi.	Ready to Prod.		Total Depth			P.B.T.D	<u> </u>	_	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay Tubing Depth			······································			
Perforations							Depth Casing Shoe			
			ASING AND	CEMENTIN	IG RECOR	D	<u> </u>			
HOLE SIZE	HOLE SIZE CASING as			DEPTH SET			SACKS CEMENT			
				 						
V. TEST DATA AND REQUEST	FOR ALLOWAB	LE		-l			J			
OIL WELL (Test must be a	after recovery of to	otal volume of	load oil and mu	ust be equal to	or exceed to	p allowable fo	or this depth o	r be a full 24 h	oouns)	
Date First New Oil Run To Tank	Date of Test				thod (Flow, pu					
Length of Test	Tubing Press	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas - MCF		
GAS WELL				<u>. I</u>						
Actual Prod. Test - MCF/D	Length of Ter	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)			Casing Pressure (Shut-In)			Choke Size		
VI. OPERATOR CERTIFICATE (I hereby certify that the rules and regulation Division have been complied with and that is true and complete to the best of my kno	ons of the Oil Conserva t the information given	ition			OIL C			DIVISION		
Signature	Date Approved APR 2 2 1994									
P. N. McGee							-			
Printed Name Title 1/6/94 685-5600				ORIGINAL SIGNED BY JERRY SEXTON Title DISTRICT I SUPERVISOR					KTON —	

INSTRUCTIONS: This form is to be filed in compliance with rule 1104

Date

- 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

Telephone No.

4) Sepreate Form C-104 must be filed for each pool in multiply completed wells.

State of New Mexico

Submit 5 copies to Appropriate District Office

🛴 argy, Minerals and Natural Resources Department

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

DISTRICT I

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

.											
Operator OXY USA INC.			-				We	II API No. 30	0 025 10976		
Address P.O. BOX 50250, MIDL	AND, TX 7971	10									
						□ α	her (Please ex	plain)			
<u> </u>	Change in Transporter of: Oil Dry Gas						,				
	Casingheed Gas Condensate										
				 -							
if change of operator give name and address of previous operator	TEXACO EX	PLORATI	ON &	PRODUCTIO	ON INC, P.O.	BOX 730, H	OBBS, NM 88	3240			
I. DESCRIPTION OF WELL AND L	EASE										
Lease Name	Well No. Pool Name, Including Formation						Kind o	and of Leese State, Federal or Fee Lease No.			
MYERS LANGLIE MATTIX UNIT		190	LAI	NGLIE MATTIX	ITIX 7 RVRS Q GRAYBURG STATE					B9974	
Location Unit Letter N	: 66	ن م <u>ن</u>	Faat Fi	rom The _S	OUTH Line	and 1980	Feet f	From The M	/EST	Line	
Section _ 2		wnship_					NMPM		LEA_C	OUNTY	
III. DESIGNATION OF TRANSPORT	TER OF OIL A	TAN DNA	URAL	GAS							
Name of Authorized Transporter of	Oil			idensate	Address (Give	address to wh	nich approved c	opy of this form	n is to be sent)		
Texas New Mexico Pipeline Company							Colorado 802				
Name of Authorized Transporter of							nich approved o	• •	n is to be sent)		
Texaco Exploration & Production Inc	Unit	Sec.	Twp.	Rge.		137 Eunice, l lly connected	New Mexico 8				
If Well Produces oil or liquids, give locaton of tanks	G	5ec.	245	37E	no	ny ooinisoleu	.	· -			
If this production is commingled with the	t from any other	lease or p	pool, giv	e commingling	order numbe	T:		· · · · · · · · · · · · · · · · · · ·			
IV. COMPLETION DATA	_										
Designate Type of Completion	- (X)	Oil W	eli	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl.	. Ready to	Prod.	•	Total Depth	1		P.B.T.D	1		
Elevations (DF, RKB, RT, GR, etc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation			1	Top Oil/Gas	Pay	·	Tubing Depth			
erforations					1			Depth Casing Shoe			
	TUBING, CASING AND				CEMENTING RECORD						
HOLE SIZE	CAS	SING and 1	TUBING	SIZE	DEPTH SET			SACKS CEMENT			
			,		-						
V. TEST DATA AND REQUEST FO											
OIL WELL (Test must be after			ne of k	pad oil and mi	_,				or be a full 24	hours.)	
Date First New Oil Run To Tank	Date of Tes	1			Producing M	athod (riow, pi	ımp, gas lift, et	c.)			
Length of Test	Tubing Press	sure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			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	COMPLIANC	 CE			1						
I hereby certify that the rules and regulations Division have been complied with and that th	e information give					OIL C	ONSER\	/ATION	DIVISIO	N	
is true and complete to the best of my knowledge								IL	130	34	
Signature					Date	Approved					
P. N. McGee	Lar	nd Manag	er		ODICINIAL SUSPENCE OF STREET						
Printed Name Title				By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT L SUPERVISOR							
1/6/94	685	5-5600			Title						
Date	Tel	lephone N	lo.		╢ .						

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