Submit 5 copies to Appropriate District Office

State of New Mexico

Linergy, Minerals and Natural Resources Department

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

District Office

P.O. Box 1980, Hobbs, NM 88240

DISTRICT IL

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

DISTRICT III

1000 Rlo 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.							W	ell API No.	20 005 10079		
Address								<u> </u>	0 025 10978		
P.O. BOX 50250, N				 							
New Well	Change in Trai	nsporter of:					ther (Please e	opiain)			
Recompletion [
Change in Operator	Casinghead G		<u> </u>	Condensati	•	<u> </u>					
If change of operator give name and addre of previous operator		PLORATIO	N & F	PRODUCTION	ON INC, P.O	. BOX 730, H	OBBS, NM 8	8240			
II. DESCRIPTION OF WELL AN	DIFASE										
Lease Name		Well No.	Pool	l Name, Inclu	ding Formation		lQnd	of Londo State, Fed	eral or Fee Louise	No.	
MYERS LANGLIE MATTIX UNIT	<u> </u>	121 LANGLE MATT			-		вт	STATE		B9974	
Location Unit Letter	D : 6	: 660 Feet From The NORTH Line and 660						_Feet From The <u>WEST</u> Line			
Section 2	то	ownship <u>2</u>	4\$		Range	37E	_NMPM _		LEA_C	YTNUC	
								-			
III. DESIGNATION OF TRANSP					144	44 4	11-1				
Name of Authorized Transporter of Texas New Mexico Pipeline Com	Oi Dany	· 🛛	Con	densate	1	e address to wi way Denver,			m is to be sent)		
Name of Authorized Transporter of	Casinghe	ed Gas 🛛		Dry Gas					المام المالية المالية		
	Exploration & Production Inc/SID RICHARDSON GASOLINE Co				F. U. BUX 1	13/ CUNCE,	HEM MEDICO	8823y 20.	i main st T. Worth	1 70	
If Well Produces oil or liquids,	Unit	1	Γwp.	Rge.	1 -	ally connected	l? Whe	n? ' '	•	76103	
give locaton of tanks	G		248	37E	YE\$				12/22/60		
If this production is commingled with IV. COMPLETION DATA	i inaz from any otne	riesse or poo	or, give	e commingen	g order numbe	r	· · · · · · · · · · · · · · · · · · ·				
Designate Type of Completi	on - (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to Pr	od.		Total Depth	· · · · · · · · · · · · · · · · · · ·		P.B.T.D		. 	
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Form	netion		Top Oil/Gas	Pay		Tubing Depti	1		
Perforations					<u>, l</u>			Depth Casing	Shoe		
		TUDIAG	CAS	UNIC AND	CENEVITI	IC BECOR		L			
HOLE SIZE	CA	SING and TU			CEMENTI	NG RECOR		1	SACKS CEMEN		
							· · · · · · · · · · · · · · · · · · ·		ONONO OCINE	11	
					<u> </u>		· · · · · · · · · · · · · · · · · · ·				
V. TEST DATA AND REQUEST	FOR ALLOWAI	BLE			1			J			
	after recovery of		of loa	ed oil and mu	ust be equal t	o or exceed to	op allowable f	or this depth o	or be a full 24 l	hours.)	
Date First New Oil Run To Tank	Date of Tes					ethod (Flow, pu	·				
Length of Test	Tubing Pres	Tubing Pressure				sure	· · · · · · · · · · · · · · · · · · ·	Choke Size			
Actual Prod. During Test	ctual Prod. During Test Oil - Bbis.			······································	Water - Bbls.			Gas - MCF			
0404451		······································	 ;	· · · · · · · · · · · · · · · · · · ·	<u> </u>			1			
GAS WELL Actual Prod. Test - MCF/D	Length of Te	ned .			Bbis, Conde	resta AAACF		Gravity of Co	ndenssie		
Testing Method (pilot, back pr.)	Tubing Pres	sure (Shut-in))		Casing Press	wre (Shut-In)		Choke Size			
VI. OPERATOR CERTIFICATE	OF COMPLIANC	E									
I hereby certify that the rules and regulati Division have been compiled with and the is true and complete to the best of my true.	at the information give					OIL C	ONSERV	ATION [DIVISION	[
(-5/)	1/1/1/11	_						ADD 9	9 4001		
Signature					Date .	Approved		APR 2	# 1334		
P. N. McGee	Lan	d Manager			11						
Printed Name	Title	•			∥ By	ORIGINA	AL SIGNED	BY JERRY	SEXTON		
1/6/94	685	5-5 600			Title_			UPERVISO			
Date	Tek	ephone No.		, , , , , , , , , , , , , , , , , , , 	11 -						

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

Submit 5 copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT |

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

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

OIL CONSERVATION DIVISION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OXY USA INC.						Well API No.					
Address				·					30 025 10978		
P.O. BOX 50250, MID				-							
New Well	Change in Tran	sporter of:					Other (Please	expiain)			
Recompletion	Oil			Dry Gas]					
Change in Operator	Casinghead Ga		Ц	Condensa	te] 			,		
If change of operator give name and address of previous operator	TEXACO EX	PLORAT	ION & I	PRODUCT	ION INC, P.O	D. BOX 730, F	IOBBS, NM	88240			
II. DESCRIPTION OF WELL AND	LEASE										
Lease Name MYERS LANGLIE MATTIX UNIT Location		Well No 121			iding Formatio IX 7 RVRS Q (of Lease State, Fed	leral or Fee Leas	e No. 89974	
	::66	3 0 1	Feet Fro	om The <u>l</u>	NORTH_LI	ne and <u>660</u>	Feel	From The_\	WEST	Line	
Section 2	То	wnship_	<u>24S</u>		Range _	37E	NMPM		LEA C	OUNTY	
III. DESIGNATION OF TRANSPOR		_									
Name of Authorized Transporter of	Oil			densate	Address (Gis	en oddenos to ud	hick and d				
Texas New Mexico Pipeline Compar			COIR	rensate [1670 Broad	e address to wi	nich approved Colorado 80:	copy of this for 202	m is to be sent)		
Name of Authorized Transporter of	Casinghee	d Gas 🔀	D	ry Gas	1670 Broadway Denver, Colorado 80202 Address (Give address to which approved copy of this form is to be sent)						
Texaco Exploration & Production Inc If Well Produces oil or liquids,	1.1=24	600	Tum	Bee	P. O. Box 1137 Eunice, New Mexico 88231						
give locaton of tanks					Is gas actua	ally connected	l? Whe	n?			
If this production is commingled with the	at from any other			1		<u> </u>			12/22/60	 	
IV. COMPLETION DATA	•				g order number						
Designate Type of Completion	- (X)	Oil We	sli .	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Oate Spudded	Date Compl.	Ready to F	Prod.		Total Depth			P.B.T.D	L		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casing	Shoe	- 	
		TUBING	. CASI	ING AND	CEMENTIN	NG RECORI	<u> </u>	<u> </u>			
HOLE SIZE	CASING and TUBING SIZE				DEPTH SET			SACKS CEMENT			
	 				 			ļ <u>.</u>			
	 				1			 			
V. TEST DATA AND REQUEST FO					<u> </u>			<u> </u>			
OIL WELL (Test must be after	r recovery of to	tai volume	e of load	d oil and mu	ist be equal to	o or exceed to	p allowable fo	or this depth o	r be a fuil 24 h	nours.)	
ate First New Oil Run To Tank	Date of Test				Producing Me	ethod (Flow, pu	mp, gas lift, et	c.)			
ength of Test	Tubing Pressu	ite			Casing Press	sure		Choke Size			
ctual Prod. During Test	Oil - Bbis.	Oil - Bbis.				Water - Bbis.			Gas - MCF		
GAS WELL	- -				<u></u>			1			
ctual Prod. Test - MCF/D	Length of Test	Length of Test			Bbts. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICATE OF	COMPLIANCE		· · · · · · · · · · · · · · · · · · ·					1			
hereby certify that the rules and regulations of Division have been complied with and that the is true and complete to the best of my knowless.	f the Oil Conservati	ion				OIL CC	NSERV	ATION E	IVISION		
	The	·						Î.	(<u></u>	194	
Signature P. N. McGee	land	Manager			Date A	Approved_					
Printed Name	Lara major						n.	ICINIAL CIC	SNED BY JE	NDV CEYT	
1/6/94									CT I SUPER		
Date	Telep	hone No.				· · · · · · · · · · · · · · · · · · ·		-			

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