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State of New Mexico

.nergy, Minerals and Natural Resources Departmer...

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 IIL

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

I.													
Operator OXY USA INC.					7.5			Well API No.		<del></del>			
Address P.O. BOX 50250, N	MOLAND TY 7			<del></del>					30 025 10981				
New Well													
Recompletion	Change in Tr	ensporter o	t: —			-	Other (Please	explain)					
Change in Operator	Oil Casinghead (	3ne	님	Dry Gas	<u>L</u> .	-							
				Condense	ite	<u>.                                    </u>	<del></del>						
If change of operator give name and addre of previous operator		XPLORA	TION & P	RODUCT	ION INC, P.C	). BOX 730, I	HOBBS, NM	88240					
II. DESCRIPTION OF WELL AN	DLEASE												
Lease Name		Well N			ding Formation		O	of Louise State, Foo	teral or Fee Lease	a No.			
MYERS LANGLIE MATTIX UNIT		158	LANC	BLE MATT	IX 7 RVRS Q G	RAYBURG	<u> s</u>	TATE		B9694			
Unit Letter	<u>L : 1</u>	980	Feet From	m The	<u>SOUTH</u> Lin	e and 1986	Fee	t From The	WEST I	Line			
Section 2	т	ownship_	24\$		Range	37E			LEA CO				
III DESIGNATION OF TRANSPO							<del></del>						
III. DESIGNATION OF TRANSPO Name of Authorized Transporter of	<del></del>		TURAL G	AS									
Texas New Mexico Pipeline Comp	Oi Nany		Conde	ensate	Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of	Casinghe	ed Gas	∑ Dŋ	/ Gas	1670 Broadway Denver, Colorado 80202								
Texaco Exploration & Production inc					P.O. Bey 4427 Surice Name of the Copy of this form is to be sent)								
if Well Produces oil or liquids,	Unit	Sec.	Twp.	Rge.		lly connected	Estimos, New Mexico 66257 FT. WOLTH IX 7						
give locaton of tanks	G	5	245	37E	YES			12/22/60					
If this production is commingled with	that from any other	or lease or	pool, give c	comminglin	g order number	r							
IV. COMPLETION DATA		-											
Designate Type of Completic	n - (X)	Oll W	'ell (	3as Well	Now Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v			
Date Spudded	Date Comp	I. Ready to	Prod.	··	Total Depth	<u> </u>	L	P.B.T.D	I	<u> </u>			
Elevations (DF, RKB, RT, GR, etc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Pay	<del></del>	Tubing Depth					
Perforations		<del></del> -			<u></u>	<del></del>		Dom Cod					
			_					Depth Casing	Shoe				
HOLE SIZE		TUBING	, CASIN	IG AND	CEMENTIN	G RECOR	D						
HOLE SIZE	CAS	SING and T	UBING SE	ZE	<del> </del>	DEPTH SET		<del> </del>	SACKS CEMEN	Ţ			
					<del> </del>	···		<del> </del>					
									<del></del>				
V TEST DATA AND DEGUSOT													
V. TEST DATA AND REQUEST I OIL WELL (Test must be a													
OIL WELL (Test must be at the state of the	Date of Test	otal volum	e or load (	off and mu	st be equal to	or exceed to	p allowable f	or this depth o	be a full 24 h	ours.)			
		· <del>- · · · · · · · · · · · · · · · · · · </del>			Producing Med	unou (raow, pur	mp, gas um, e	ic.)					
ength of Test	Tubing Press	sure			Casing Pressu	ire		Choke Size					
ctual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas - MCF					
GAS WELL		·			<u> </u>			1	·				
ctual Prod. Test - MCF/D	Length of Tea	si .			Bbls. Condens	ate/MMCF		Gravity of Con	densate				
esting Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
OPERATOR CERTIFICATE OF COMPLIANCE					1			<u> </u>	· · · · · · · · · · · · · · · · · · ·				
I hereby certify that the rules and regulations Division have been complied with and that to is true and complete to the best of by topy	s of the Oil Conserve	tine				OIL CO	NSERV	ATION D	IVISION				
Signature	usur	·	<u></u>		Date A	pproved		APR 22	1994				
P. N. McGee	Land	Manager							· *				
Printed Name	Title		·		ORIGINAL SIGNED BY JERRY SEXTON								
1/6/94 685-5600					Title DISTRICT I SUPERVISOR								
Date	The state of the s												

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.

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DISTRICT IL

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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Appropriate
Energy, Minerals and Natural Resources Depail
istrict Office

### **OIL CONSERVATION DIVISION**

P.O. Box 2088

Sante Fe, New Mexico 87504-2088

P.O. Box Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 1980, Hobbs, NM 88240

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l													
Operator OXY USA INC.							We	II API No. 30	0 025 10981				
Address P.O. BOX 50250, MIDLA	ND. TX 79710												
	nange in Transpo	orter of:	<u> </u>			Пα	her (Please ex	plain)					
Recompletion 0	-		П	Dry Gas									
	 asinghead Gas		ă	Condensate	=								
If change of operator give name and address of previous operator	EXACO EXPL	ORATIC	N & PI	RODUCTIO	ON INC, P.O.	BOX 730, H	OBBS, NM 8	3240					
- II. DESCRIPTION OF WELL AND LE	ASE												
ease Name Well No. Pool Name, Including Formation							Kind o	f Lease State, Fede	nel or Fee Lease	No.			
MYERS LANGLIE MATTIX UNIT		1						TATE B9694					
Location Unit LetterL	: 1980	F	eet Froi	m TheS	OUTH Line	and <u>1986</u>	Feet	From The <u>V</u>	<u>/EST</u> L	ine			
Section 2	Town	ship <u>2</u>	248	<del>_</del>	Range	37E	_NMPM		LEA_CC	DUNTY			
III. DESIGNATION OF TRANSPORTI	ER OF OIL AN	D NATU	IRAL G	AS									
Name of Authorized Transporter of				ensate	Address (Give	address to wh	ich approved o	opy of this for	n is to be sent)				
Texas New Mexico Pipeline Company					1670 Broadway Denver, Colorado 80202								
Name of Authorized Transporter of	Casinghead (	Gas 🔀	Dr	y Gas 📙			• • •	• •	n is to be sent)				
Texaco Exploration & Production Inc  If Well Produces oil or liquids,	Unit Se	ec.	Twp.	Rge.		137 Eunice, lly connected			31				
give locaton of tanks	G		245	37E	YES	.,			12/22/60				
If this production is commingled with that	from any other le	ase or po	ol, give	commingling	order number	:							
IV. COMPLETION DATA													
Designate Type of Completion -	(X)	Oil Wel	Н	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v			
Date Spudded	Date Compl. Re	eady to P	rod.		Total Depth	<u> </u>		P.B.T.D	. <del></del>				
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas	Pay	·····	Tubing Depth					
Perforations	<u> </u>							Depth Casing	Shoe				
TUBING, CASING AND					CEMENTING RECORD								
HOLE SIZE	CASIN	CASING and TUBING SIZE				DEPTH SET			SACKS CEMENT				
					<u> </u>								
					<del> </del>			1					
V. TEST DATA AND REQUEST FO			f l	مر امر الم	set he equal t	o or avoged to	n allowable f	or this death	or ha a full 24 h	noure )			
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	ai voium	e or load	u oir and mi		ethod (Flow, pu			JI DE A IGII 241	10013.)			
					Cosing Press			Choke Size					
Length of Test	Tubing Pressur	···			Casing Pressure			Gas - MCF					
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas - MCF					
GAS WELL													
Actual Prod. Test - MCF/D Length of Test					Bbis. Condensate/MMCF			Gravity of Condensate					
Testing Method (pitot, 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 Division have been complied with and that the is true and complete to the best of the head of the h	f the Oil Conservation	on				OIL C	ONSER\	/ATION	DIVISION	Ī			
Signature	Selv	<u> </u>			Date	Approved		FEE	1994	·- <u></u>			
P. N. McGee	Land	Manage	r 										
Printed Name	Title			_ <del>_</del>	By ORIGINAL SIGNED BY JERRY SEXTON								
1/6/94	685-5	600			Title								
Date	Teles	hone No			_ آ								

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with rule 111.
- 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
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Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

# State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
ent Revised 1-1-89
See Instructions

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Bennes Rd., Aziec, NIM \$7410

DISTRICT II
P.O. Desmer DD, Astonia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator				<u> </u>		11011110	wa wa	API No.					
Texaco Exploration and Production Inc.								30 025 10981					
P. O. Box 730 Hobbs, NM	88241	-0790											
Rescon(s) for Filing (Check proper box)	00241-	-0730		<del></del>	X o	het (Please exp	lain)						
New Well		Change i			EFFECTIVE 10-01-91								
Recompletion	Oil	_	Dry Ga										
Change in Operator	Casinghe	ed Gas 🗵	Condes					<del> </del>					
If change of operator give name and address of previous operator		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·								
II. DESCRIPTION OF WELL	AND LE	ASE								•			
					ing Formation			of Lease	1	Lease No.			
l •					TIX 7 RVR	S Q GRAYB	URG STA	, Federal or Fe TE	B969	14			
Location	400	_		_			_						
Unit Letter	_ : <u>198</u>	0	_ Feet Fn	om The S	OUTH Lin	e and	B F	eet From The	WEST	Line			
Section 2 Townshi	<sub>ip</sub> 2	45	Range	37E	. N	NMPM.				County			
		<del></del>						LEA	<del></del>	County			
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE			D NATU									
Texas New Mexico Pipeline	c 🖾	or Conde	atric		Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202								
Name of Authorized Transporter of Casia	obead Gas	ראו	or Dry	Ges [		e address to wi							
Texaco Exploration	& Prod	uction ir	nc		P.	0. Box 11	37 Euni	ce, New M	lexico 882	231			
If well produces oil or liquids, give location of tanks.	Unit G	Sec.	Twp.	•	Is gas actually connected?			When?					
<u></u>		5	245	37E	YES		L	12	/22/60	2/60			
If this production is commingled with that IV. COMPLETION DATA	ткот вау оц	iel ieriic ol	poot, give	e commung	ling order mim	ber:		···					
		Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v			
Designate Type of Completion		Ĺ	i_	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u>i.                                    </u>	<u> </u>		i	1			
Date Spudded	Date Comp	pl. Ready to	Prod.		Total Depth			P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo			Top Oil/Gas	Pav							
(50) 125) 111, 61, 62,	roomen 1	ormanion 1 op our cas ray					Tubing Depth						
Perforations					<del></del>			Depth Casing Shoe					
									·				
HOLE SIZE	TUBING, CASING ANI				CEMENTI		<u>D</u>	<del></del>					
FICE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET		<u>-                                </u>	SACKS CEME	ENT			
		*					<del></del>		<del></del>				
										<del></del>			
C STOR DAMA AND DECLINO	D DOD 4												
V. TEST DATA AND REQUES OIL WELL (Test must be after re					he equal to an	massed sam alla	wahla dan shi						
OIL WELL (Test must be after re Dute First New Oil Run To Tank	Date of Tes		oj toda ot			thed (Flow, pur			or juli 24 hour	3.)			
ength of Test Tubing Pressure					Casing Pressu	re	Choke Size						
Actual Prod. During Test	Oil - Bbis.	:			Water - Bbis.			Gas- MCF					
	Oil • Boils.				Water - Doil								
GAS WELL							-,	<u>L.</u>					
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Condens	ate/MMCF		Gravity of Co	ondensate				
ting Method (pilot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size					
W OPER A MOR CERTAIN								<u></u>					
VI. OPERATOR CERTIFICA	_			E		IL CON	SERV	ATION F	NIVISIO	M			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION								
is true and complete to the best of my knowledge and belief.					Date ApprovedAPR 29'92								
97.					Dale	whhinago							
Simon					Bv	ORIGINA	i SIGN	ED BY R	AY SMIT	r <b>H</b>			
L.W. JOHNSON Engr. Asst.					By <u>ORIGINAL SIGNED BY RAY SMITH</u> FIELD REP. II					<del></del>			
Printed Name Title April 16, 1992 505/393-7191					Title								
April 10, 1992			93-118 hone No.										
		. <del> </del>			1								

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

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