Submit S cupies
Submit S cupies to Appropriate District Office

## DISTRICT

P.O. Box 1980, Hobbe, NM 88240 DISTRICT II

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

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

I.

## State of New Mexico

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**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.									
Address P.O. BOX 50250,	MIDLAND. TX 75	0710	,		<u> </u>			30 025 10983	
New Well	Change in Tr			·····			<u> </u>		
Recompletion	] 01		Dry Ges			Xher (Please (	nqlain)		
Change in Operator		ana f	Condensat						
change of operator give name and add		XPLORATION		ON INC, P.O	. BOX 730, H	IOBBS, NM	88240		
I. DESCRIPTION OF WELL A	ND LEASE								
Lease Name		Well No.	Pool Name, Inclu	ding Formation		Kine	f of Lones State, Fed	water fee Loas	e No.
WYERS LANGLIE MATTIX UN	IIT	119	LANGLIE MATTI	IX 7 RVRS Q G	RAYBURG	S	TATE		89694
Location Unit Letter	<u>;;</u>	<u>330 </u> Fee	t From The	<u>IORTH</u> Lin	and 2310	Feel	From The	EAST	Line
Section _2	T	ownship 24	s	Range	37E	NMP <b>M</b>		LEA_C	OUNTY
I. DESIGNATION OF TRANS	PORTER OF OIL	AND NATUR	AL GAS						
tame of Authorized Transporter of EMPORARILY ABANDONED			Condensate	Address (Give	address to w	hich approved	copy of this for	m is to be sent)	
Name of Authorized Transporter of		eed Gas 🔀	Dry Gas	Address (Ghu	address to w	hich opproved	come of this fa-		
Texaco Exploration & Production In			DUNE CO.	P. O. Box 1	137 Eunice.	New Mexico	copy of this for 88231 2 0 1	MAIN ST FT.WORTI	SUITE 3
If Well Produces oil or liquids, give locaton of tanks	Unit	Sec. Tw		la gas actua no	lly connected	7 Whe		<u> </u>	1, 1A 74
f this production is commingled wi	ith that from any oth	er lease or pool,	give comminglin	g order number	· · · · · · · · · · · · · · · · · · ·				
V. COMPLETION DATA		01111-1	Gas Well	New Well	Workover	1		1	+
Designate Type of Comple		<b>Oil Well</b>			TTORROVER	Deepen	Plug Back	Same Res'v	Diff Res'v
ale Spudded		I. Ready to Prod	l.	Total Depth			P.B.T.D	· · · · · · · · · · · · · · · · · · ·	
evalions (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
orforations				······			Depth Casing Shoe		
			ASING AND	CEMENTIN	G RECOR	D	L		<u> </u>
HOLE SIZE	CA	SING and TUBI	NG SIZE	DEPTH SET			SACKS CEMENT		
		- <b>1</b> - 1			<u>-</u>				
				+			+		
	<u> </u>		· ····································						
A TEST DATA AND REQUES									
DL WELL (Test must be ate First New Oil Run To Tank	e after recovery of Dete of Ter		IDAG OII AND ML	Producing Me				r be a full 24 h	ours.)
ength of Test	Tubing Pres	Sure		Casing Pressure			Choke Size		
ctual Prod. During Test	Oil - Bbis.			Water - Bbis.			Gas - MCF		
GAS WELL	<b>I</b>			L			J		
ctual Prod. Test - MCF/D	Length of To	st		Bbis. Condensate/MMCF			Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pres	sure (Shut-in)		Casing Pressure (Shut-in)			Choke Size		
I. OPERATOR CERTIFICATE	OF COMPLIANC	E	· · · · · · · · · · · · · · · · · · ·				-4		
hereby certify that the rules and regula Division have been complied with and the s true and complete to the best of my k	hat the information give	n above			OILCO	NSERV		DIVISION	
	Illen					<b>4</b> f		04	
Signature P. N. McGee	Lan	d Manager		11	pproved_	<u>A</u> !	PR 2 2 19	134	
rinted Name Title 1/6/94 685-5600				By					
Date		aphone No.		Title			F SUPER 715		
		-P-100 00 1300		II					

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.

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

Submit 5 copies	
to Appropriate	
Listrict Office	
Submit 5 copies to Appropriace Eistrict Office	

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## State of New Mexico

Energy, Minerals and Natural Resources Department

**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.			·····	have				
Operator OXY USA INC.		Well API No. 30 025 10983						
Address P.O. BOX 50250, Mil	DLAND, TX 79710							
New Well	Change in Transporter of:			Other (Please et	oplain)			
Recompletion	Oil							
Change in Operator	Casingheed Gas	Condensat	• 🖸					
If change of operator give name and address of previous operator	TEXACO EXPLORATI		ON INC, P.O. BOX 73	30, HOBBS, NM 8	8240	-		
II. DESCRIPTION OF WELL AND	Vell No.	. Pool Name, Inclu	ting Formation	Kind	of Lease State, Feder	alor Fee Lease	No.	
Lease Name MYERS LANGLIE MATTIX UNIT	119		X 7 RVRS Q GRAYBUR	G ST	ATE		B9694	
Location Unit Letter	<u>B : 330</u>	Feet From The	IORTH_Line and 2	<u>310</u> Feet	From The _ E/	AST L	ine	
Section 2	Township	24S	Range37E	NMPM		LEA CO	DUNTY	
III. DESIGNATION OF TRANSPO	ORTER OF OIL AND NAT	URAL GAS						
Name of Authorized Transporter of	он П	Condensate	Address (Give address	to which approved	copy of this form	n is to be sent)		
TEMPORARILY ABANDONED		1-1-98						
Name of Authorized Transporter of	Casinghead Gas	Dry Gas	Address (Give address	••		n is to be sent)		
Texaco Exploration & Production Inc If Well Produces oil or liquids,	Unit Sec.	Twp. Rge.	P. O. Box 1137 Eur Is gas actually conne					
give locaton of tanks			no					
If this production is commingled with	that from any other lease or p	pool, give comminglin	g order number:					
IV. COMPLETION DATA	·····	0			Dhun Baala	<b>A A A</b>	1	
Designate Type of Completio			New Well Work	wer Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth		P.B.T.D			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	rmation	Top Oil/Gas Pay Tubing Depth					
Perforations	<b>I</b>		_ <b>l</b>		Depth Casing	Shoe		
	TUBING	G, CASING AND	CEMENTING REC					
HOLE SIZE	CASING and	TUBING SIZE	DEPTH SET		SACKS CEMENT			
V. TEST DATA AND REQUEST	FOR ALLOWABLE after recovery of total volum	ne of load oil and m	ust he equal to at ever	and too allowable i	for this depth o	v ha a full 24 l	oure)	
OIL WELL (Test must be a Date First New Oil Run To Tank	Date of Test		Producing Method (Fi					
Length of Test	Tubing Pressure		Casing Pressure	Choke Size				
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.	Gas - MCF				
GAS WELL								
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/Miv	Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut	-in)	Casing Pressure (Shu	Choke Size				
VI. OPERATOR CERTIFICATE	OF COMPLIANCE							
I hereby certify that the rules and regulatic Division have been complied with and tha is true and complete to the bgst of my kpg			OI			DIVISION	l	
	MI.				É Le	66	4	
Signature	1 KAIN			ved			2	
Signature P. N. McGee								
Printed Name	Land Manage Title		11	î			<u>15</u> .	
1/6/94	685-5600 Telephone N		_  Title			··· · · ·		
	relephone N	N.						

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