Submit 5 copies to Appropriate District Office DISTRICT I

DISTRICT II

State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Sante Fe, New Mexico 87504-2088

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

P.O. Box 1980, Hobbs, NM 88240

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator OXY USA INC.							W	ell API No.	0 025 10993		
Address	UDI AND TV TOT	40							- 020 10393		
P.O. BOX 50250, M	· · · · · · · · · · · · · · · · · · ·	 		· · · · · · · · · · · · · · · · · · ·		— П.					
	•	Change in Transporter of: Oil Dry Gas				☐ Other (Please explain)					
Recompletion	Casingheed Gas Condensat										
Change in Operator	Casingneed Ga		ш_	Condensa	te						
If change of operator give name and addre of previous operator	TEXACO EX	PLORATIC	N & F	PRODUCT	ION INC, P.O	. BOX 730, H	IOBBS, NM 8	8240			
II. DESCRIPTION OF WELL AN	D LEASE										
					uing rormauon			of Lease State, Fede DERAL	Lease State, Federal or Fee Lease No. LC032339a		
Location Unit Letter	A : 66	<u>50</u> Fo	eet Fro	om The _!	NORTH_Lin	e and <u>660</u>	Feet	From The E	AST	Line	
Section 3	То	wnship <u>2</u>	.4S	· · · · · · · · · · · · · · · · · · ·	Range	37E	NMPM		<u>LEA</u> C	OUNTY	
III. DESIGNATION OF TRANSP	ORTER OF OIL A	AND NATU	RALC	SAS							
Name of Authorized Transporter of	Oil			densate	Address (Giv	a address to w	hich annoved	conv of this for	m is to be sent)		
INJECTOR			COR		Facilities (Cit	D BAGIOSO IO WI	approved	bopy of this for	in is to be selly		
tame of Authorized Transporter of Casinghead Gas Dry Gas SUCCOR					Address (Give address to which approved copy of this form is to be sent)						
If Well Produces oil or liquids, give locaton of tanks	Unit	Sec.	Twp.	Rge.	ls gas actua	Is gas actually connected? When?					
If this production is commingled with	that from any other	r lease or po	oi, give	comminglin	ng order numbe	r:					
IV. COMPLETION DATA							†		-	•	
Designate Type of Completi	on - (X)	Oil Wel	<u>'</u>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl.	. Ready to Pr	rod.		Total Depth			P.B.T.D			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe			
TUBING, CASING AND					CEMENTI	NG RECOR	D				
HOLE SIZE	CAS	CASING and TUBING SIZE				DEPTH SET			SACKS CEMENT		
							· · · · · · · · · · · · · · · · · · ·	<u> </u>			
V TOT DATA AND DECLICO	FOR ALLOVAIA										
V. TEST DATA AND REQUEST OIL WELL (Test must be			of loa	rd oil and m	ust he equal (o or exceed to	on allowable f	or this death (or be a full 24	hours)	
Date First New Oil Run To Tank Date of Test						ust be equal to or exceed top allowable for this depth or be a full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Press	Tubing Pressure				Casing Pressure Choke Size					
					Water - Bbls.						
Actual Prod. During Test	ial Prod. During Test Oil - Bbls.					•		Gas - MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Te	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICATE	OF COMPLIANC	:E						_1		•	
I hereby certify that the rules and regulation Division have been complied with and the strue and complete to the best of my for	at the information hive					OIL C	ONSER	· · · · · · · · · · · · · · · · · · ·	DIVISION		
	Medie	/						tie	<u> 199</u>	4	
Signature		J & 4			Date	Approved					
P. N. McGee	Land Manager				-∥ Bv		ORI	GINAL SIG	NEC BY JE	RRY SEXTO	
Printed Name Title 1/6/94 685-5600								DISTRIC	T I SUPERV	/ISOR	
Date		ephone No.			IIII		***				
	, 01	-p			L1						

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.

Subm.i 5 Copies
Appropriate District Office Appropriate I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico ergy, Minerals and Natural Resources Departn

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Texaco Exploration and Production Inc. 30 025 10993 Address P. O. Box 730 Hobbs, NM 88241-0730 X Other (Please explain) Reason(s) for Filing (Check proper box) Eff.4-1-91 return oper to TPI, change to Sirgo New Well Change in Transporter of: Dry Gas an error. TPI name changed to TEPI 6-1-91 Recompletion Oil X Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator

Sirgo Operating, Inc. P. O. Box 3531 Midland, TX 79702 II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation

LANGLIE MATTIX 7 RVRS Q GRAYBURG

Kind of Lease
State, Federal or Fee
FEDERAL Lease Name Well No. Pool Name, Including Formation Lease Na LC032339a MYERS LANGLIE MATTIX UNIT 122 Location 660 Feet From The NORTH Line and ____ 660· Feet From The EAST Unit Letter 245 Range 37E Section Township , NMPM, **LEA** County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) INJECTOR Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas ____ INJECTOR If well produces oil or liquids, Twp. Rge. Is gas actually connected? When? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation **Tubing Depth** Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD **HOLE SIZE** CASING & TUBING SIZE SACKS CEMENT 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Casing Pressure Choke Size Length of Test **Tubing Pressure** Water - Bbls. Gas- MCF Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

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.

Nea Signature Area Manager J. A. Head Printed Name

Testing Method (pitot, back pr.)

505/393-7191 August 23, 1991 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved ____ COMORNAL DATA EL SA JECKY SEXTON Districte el la ARMASOR

Choke Size

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.

Casing Pressure (Shut-in)

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

- 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.

Tubing Pressure (Shut-in)