Submit 5 cop'es to Appropriate District Office

State of New Mexico Eriergy, 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 IL

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							Well API No.				
OXY USA INC.					<u> </u>		3(0 025 10994			
P.O. BOX 50250, MIDL	AND, TX 79710										
New Well	Other (Please explain)										
ocompletion Oil Dry Gas											
Change in Operator	Casinghead Gas		Condensate								
change of operator give name and address											
previous operator	TEXACO EXPLORA	MOITA	PRODUCTIO	ON INC, P.O.	BOX 730, H	DRR2' NW 8	5240				
DESCRIPTION OF WELL AND L	EASE										
ease Name Well No. Pool Name, Include				ling Formation			Lease State, Federal or Fee Lease No.				
TERS LANGLIE MATTIX UNIT				7 RVRS Q GRAYBURG FE			DERAL LC032339a				
cation Unit LetterB	:660	_ Feet F	rom TheN	ORTH_Line	e and <u>1980</u>	Feet	From The E	ASTL	ine		
Section 3	Township	248		Range	37E	_NMPM		LEA CO	YTNUC		
DESIGNATION OF TRANSPOR	TER OF OIL AND N	ATURAL	.GAS								
					Address (Give address to which approved copy of this form is to be sent)						
exas New Mexico Pipeline Company ame of Authorized Transporter of Casinghead Gas Dry Gas				1670 Broadway Denver, Colorado 80202 Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casinghead Gas Dry Gas Production Inc				P. O. Box 1137 Eunice, New Mexico 88231							
f Well Produces oil or liquids,	Unit Sec.	Twp.	Rge.	Is gas actua	ally connected				· ——		
ive locaton of tanks	G 5	245	37E	no							
this production is commingled with the	at from any other lease	or pool, gi	ve commingling	g order numbe	r:	,					
/. COMPLETION DATA				1 14 144 11	Madausa	-	Div. Deale	1 0 5 1			
esignate Type of Completion	- (X) Oil	Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
ale Spudded	Date Compl. Ready	to Prod.		Total Depth			P.B.T.D				
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations							Depth Casing Shoe				
	TUDI	NO CA	CINC AND	CEMENTI	NG PECOP	<u> </u>	<u> </u>				
HOLE SIZE		TUBING, CASING AND CASING and TUBING SIZE				DEPTH SET			SACKS CEMENT		
HOLE SIZE											
											
V. TEST DATA AND REQUEST F	OR ALLOWARIE										
OIL WELL (Test must be aft	er recovery of total vo	lume of l	oad oil and m	ust be equal	to or exceed to	op allowable f	or this depth	or be a full 24	hours.)		
Pate First New Oil Run To Tank	Date of Test				lethod (Flow, p						
ength of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size			
					Water - Bbis.			Gas - MCF			
ctual Prod. During Test	Oil - Bbls.			- DDIO.							
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (S	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE O	F COMPLIANCE		<u> </u>								
I hereby certify that the rules and regulation Division have been compiled with and that t is true and complete to the best of my know	s of the Oil Conservation he information given above	•			OIL C	ONSER	VATION	DIVISIO			
	Mele			_				I have	,334		
Signature				Date Approved							
P. N. McGee Land Manager			By ORIGINAL SIGNED BY JERRY SEXTO								
Printed Name	Title						DISTRI	CT SUPER	VISOR		
1/6/94	685-5600			_ Title					·		
D-1-	Telephon	a No		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.