Submit 5 copies to Appropriate District Office **DISTRICT I**

DISTRICT II

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

I.													
Operator OXY USA INC.								Weil API No. 30 025 11000					
Address P.O. BOX 5025	O. MIDL	AND.	TX 797	10		·····			<u> </u>		0 020 11000	· · · · · · · ·	
New Well	_							Па	her (Please ex	miain)	·		
Recompletion	Oil Oil	hange in Transporter of:							train)				
Change in Operator		Casinghead Gas				Condensate							
If change of operator give name and a of previous operator	address	TEVA	00 FV		0110	SDODUOT!		201720					
or previous operator		IEXA	COEXI	PLORATI	ON &	PRODUCTION	ON INC, P.O.	BOX 730, H	OBBS, NM 8	8240			
II. DESCRIPTION OF WELL	AND L	EASE							lifed	f Lease State, Fede	mior Fee Lease	81-	
Lease Name MYERS LANGLIE MATTIX (Well No. 149					ding Formation X 7 RVRS Q GRAYBURG			20200 (10.				
Location	21411						·. <u></u> .				<u> </u>	-	
Unit Letter	Н	:-	19	<u>80 </u>	Feet F	rom The <u>N</u>	<u>IORTH</u> Line	e and <u>660</u>	Feet	From The <u>E</u>	ASTL	ine	
Section _ 4	-		To	wnship	248		Range	37E	NMPM		LEA CO	UNTY	
III. DESIGNATION OF TRAN	SPOR	TER O	F OIL A	ND NAT	URAL	GAS							
Name of Authorized Transporter	\boxtimes	Cor	ndensate	Address (Give address to which approved copy of this form is to be sent)									
Texas New Mexico Pipeline Company							1670 Broadway Denver, Colorado 80202						
Name of Authorized Transporte Texaco Exploration & Production	Casinghead Gas Dry Gas Dry Gas				Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137 Eunice, New Mexico 88231								
If Well Produces oil or liquid	Unit		Sec. Tw		Rge.		ily connected						
give locaton of tanks		G 5		245	37E	no							
If this production is commingled	with tha	t from a	iny other	lease or p	ool, giv	re commingling	g order numbe	r: <u>—</u>				· · · · · · · · · · · · · · · · · · ·	
IV. COMPLETION DATA				t		014-8	N=186=#	Markovan	<u> </u>	Di - D - I	 -	 	
Designate Type of Completion -				Oil W	eti	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date	Compl.	Ready to	Prod.		Total Depth		<u> </u>	P.B.T.D				
Elevations (DF, RKB, RT, GR, et	Nan	Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations		<u> </u>					1			Depth Casing	Shoe		
				TURING	CA:	SING AND	CEMENTIN	IG RECOR	<u> </u>				
HOLE SIZE	TUBING, CASING AND CASING and TUBING SIZE					DEPTH SET			SACKS CEMENT				

		 						-					
V. TEST DATA AND REQU	EST FO	OR ALL	LOWAE	SLE									
					ne of lo	ad oil and mu			·		or be a full 24 h	ours.)	
Date First New Oil Run To Tank		Date	e of Tesi				Producing M	ethod (Flow, pu	mp, gas lift, et	c.)			
Length of Test		Tubing Pressure					Casing Pressure			Choke Size			
Actual Prod. During Test		Oil - Bbls.					Water - Bbis.		Gas - MCF				
GAS WELL			<u>-</u>				.1.			_1			
Actual Prod. Test - MCF/D		Length of Test						Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COM	DIJANO	F			 		· · · · · · · · · · · · · · · · · · ·	1			
I hereby certify that the rules and re Division have been complied with a is true and complete to the best-of-	gulations	of the Oi	l Conserv	ation				OIL C	ONSERV	/ATION I	DIVISION		
									FF	1994	4		
Signature							Date	Approved_					
P. N. McGee Land Manager						Ву							
Printed Name	60.4						ORIGINAL SIGNED BY JERRY SEXTON				1		
1/6							Title DISTRICT SUPERVISOR						
Date			ءام ر	enhone N	0		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) Sepreate Form C-104 must be filed for each pool in multiply completed wells.