Submit 5 copies to Appropriate District Office

State of New Mexico Emergy, 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 II

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

l										
Operator OXY USA INC.						We	eli API No. 30	0 025 11007		
Address	MIDLAND, TX 79710	ı								
New Well						ther (Please ex	plain)			
=	Oil						C 1			
Recompletion										
f change of operator give name and addro of previous operator	TEXACO EXPL	ORATION	& PRODUCT	ION INC, P.O	. BOX 730, H	OBBS, NM 8	8240			
II. DESCRIPTION OF WELL AN	ID LEASE									
ease Name Well No. Pool Name, Includ				uding Formation	ling Formation			f Lease State, Federal or Fee Lease No.		
MYERS LANGLIE MATTIX UNI	т	178	LANGLIE MATT	1X 7 RVRS Q G	RAYBURG	FEI	DERAL		NM7488	
Location Unit Letter	N : 660	Fee	et From The	SOUTH_Lin	e and <u>1980</u>	Feet	From The <u>V</u>	<u>/EST</u> l	_ine	
Section 5	Towr	nship <u>24</u>	<u>s</u>	Range	37E	NMPM		LEA_C	YTNUC	
III. DESIGNATION OF TRANSF	ORTER OF OIL AN	D NATUR	AL GAS							
Name of Authorized Transporter of	Oit		Condensate	Address (Giv	e address to wi	hich approved	copy of this form	n is to be sent)		
Texas New Mexico Pipeline Company					1670 Broadway Denver, Colorado 80202					
Name of Authorized Transporter of Casinghead Gas Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
Texaco Exploration & Production Inc If Well Produces all or liquids Unit Sec. Twp. Rgs.					P. O. Box 1137 Eunice, New Mexico 88231 Is gas actually connected? When?					
If Well Produces oil or liquids, give locaton of tanks	Unit S	ec. Tw	1	no gas actua	any connected	AAIIGI	••			
If this production is commingled wit										
IV. COMPLETION DATA	north any Outof R		, a					., .		
TV. CONFECTION DATA		Oil Moll	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Complet	ion - (X)	Oil Well				Doopen				
Date Spudded	Date Compl. R	eady to Pro	d.	Total Depth			P.B.T.D			
Elevations (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	CEMENTING RECORD					
HOLE SIZE	CASIN	CASING and TUBING SIZE			DEPTH SET			SACKS CEMENT		
	-							· · · · · · · · · · · · · · · · · · ·		
V. TEST DATA AND REQUES	T FOR ALLOWABL	E					-1			
OIL WELL (Test must be	e after recovery of tot	al volume o	of load oil and r	nust be equal	to or exceed t	op allowable f	or this depth	or be a full 24	hours.)	
Date First New Oil Run To Tank	Date of Test			Producing M	lethod (Flow, p	ump, gas lift, e	tc.)			
Length of Test	Tubing Pressu	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas - MCF		
GAS WELL							<u> </u>			
Actual Prod. Test - MCF/D	Length of Test	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressu	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICATI	E OF COMPLIANCE									
I hereby certify that the rules and regular Division have been complied with and is true and complete to the best of my	that the information given a				OIL C	ONSER	VATION	DIVISION	١	
///	W////						\$	T		
Signature	i usur			Date	Approved					
P. N. McGee Land Manager					ORIGINAL CLOSE					
Printed Name	Title			By_	D	TETRICE	UPPRVISOI	SEXTON		
1/6/94	685-4	5600		Title			wesk/Isoi	Ŗ		
Date	Teler	phone No.		— ····· ·				,		

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.