## Submit 5 copies to Appropriate District Office DISTRICT I

State of New Mexico

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

Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088

Sante Fe, New Mexico 87504-2088

DISTRICT III

DISTRICT II

1000 Rio Brazos Rd., Aztec, NM 87410

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

P.O. Box 1980, Hobbs, NM 88240

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

•												
Operator OXY USA INC.							Well API No. 30 025 11008					
Address		LAND, TX 797	10			••						
New Well	П	Change in Tran					По	ther (Please ex	plain)	٠,.		
Recompletion												
				Condensate								
change of operator give name an	d address	<del></del>	<del></del>									
of previous operator		TEXACO EX	PLORATI	ON & I	PRODUCTIO	ON INC, P.O.	BOX 730, H	OBBS, NM 8	8240	<del> </del>		
I. DESCRIPTION OF WEL	L AND	LEASE	T	1=				Kind o	/ Lause State, Fede	rai or Fee Lease	No	
Lease Name		Well No. Pool Name, Includi  133 LANGLIE MATTIX				- · · · · · · · · · · · · · · · · · · ·			DERAL NM7488			
/IYERS LANGLIE MATTIX Location	ONII	······································	!						J E 1 0 1 E	L		
	r <u>D</u>	<u>: 6</u>	60	Feet Fr	om The <u>N</u>	ORTH_Line	e and <u>660</u>	Feet	From The <u>V</u>	VESTI	_ine	
Section	5	то	wnship	24S		Range	37E	NMPM		LEA_C	YTAUC	
	Negor	TER OF OU	AND NAT	LIDAL	CAS							
II. DESIGNATION OF TRA		Oil Oil				Address (Giv	address to w	hich approved o	copy of this for	m is to be sent)		
Fexas 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 & Product	110,00	Unit Sec. Twp. Rge.			P. O. Box 1137 Eunice, New Mexico 8 Is gas actually connected? When							
If Well Produces oil or liquigive locaton of tanks	ids,	Unit G	Sec.	245	37E	YES	ary cornacted	AAIIGI	**	4/12/62		
If this production is comming	ed with th					order numbe						
IV. COMPLETION DATA	ou mai a	and the street and the street										
Designate Type of Cor	npletior	n - (X)	Oil W	ell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	•	Date Comp	I. Ready to	Prod.		Total Depth	<u> </u>	<u> </u>	P.B.T.D	<u> </u>		
Elevations (DF, RKB, RT, GR,	Name of Pr	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing Shoe			
			TURING	2 CA	SING AND	CEMENTI	NG RECOR	חא			·	
HOLE SIZE		CA	TUBING, CASING AND CASING and TUBING SIZE				DEPTH SET			SACKS CEMENT		
						ļ						
						<del> </del>	··	<del></del>	<del> </del>	<del></del>		
V. TEST DATA AND REC	OUEST F	OR ALLOWA	BLE									
		fter recovery of		ne of k	ad oil and me	ust be equal	to or exceed t	op allowable 1	or this depth	or be a full 24	hours.)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)						
ngth of Test Tubing Pressu			ssure			Casing Pressure			Choke Size			
Actual Prod. During Test	Il Prod. During Test Oil - Bbls.					Water - Bbls.			Gas - MCF			
GAS WELL									_			
Actual Prod. Test - MCF/D Length of Test						Bbls. Conde	ensate/MMCF	· · · · · · · · · · · · · · · · · · ·	Gravity of C	condensate		
Testing Method (pitot, back p	(pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
						<u> </u>						
VI. OPERATOR CERTIF I hereby certify that the rules an Division have been complied wi is true and complete to the best	d regulation th and that	ns of the Oil Conse the information giv	rvation				OIL C	ONSER	VATION	DIVISIO	N	
		Asu				_			:			
Signature P. N. McGee Land Manager						Approved	OPI	GINAL SIG	NED BY JE	RY SEXTO		
			tie	, 		By_		Av.		T I SUPER		
Printed Name	1/6/94	• • • • • • • • • • • • • • • • • • • •	35-5600			Title						
Date		т,	elephone I	Vo.		╣•						

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.