

I.

Operator
OXY USA INC.

Well API No.
30 025 11008

Address
P.O. BOX 50250, MIDLAND, TX 79710

New Well
☐

Recompletion
☐

Change in Operator
☒

Change in Transporter of:
☐ Oil
☒ Casinghead Gas

☐ Dry Gas
☐ Condensate

☐ Other (Please explain)

If change of operator give name and address
of previous operator

TEXACO EXPLORATION & PRODUCTION INC, P.O. BOX 730, HOBBS, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name
MYERS LANGLEIE MATTIX UNIT

Well No.
133

Pool Name, including Formation
LANGLIE MATTIX 7 RVRs Q GRAYBURG

Kind of Lease State, Federal or Fee
FEDERAL

Lease No.
NM7488

Location

Unit Letter D : 660 Feet From The NORTH Line and 660 Feet From The WEST Line

Section 5 Township 24S Range 37E NMPM LEA COUNTY

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of
Texas New Mexico Pipeline Company

Oil ☒ Condensate ☐

Address (Give address to which approved copy of this form is to be sent)
1670 Broadway Denver, Colorado 80202

Name of Authorized Transporter of
Texaco Exploration & Production Inc

Casinghead 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 liquids,
give locaton of tanks

Unit
G

Sec.
5

Twp.
24S

Rge.
37E

Is gas actually connected?
YES

When?
4/12/62

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res'v

Diff Res'v

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D

Elevations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE

CASING and TUBING SIZE

DEPTH SET

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 a full 24 hours.)

Date First New Oil Run To Tank

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil - Bbls.

Water - Bbls.

Gas - MCF

GAS WELL

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 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.

Signature
P. N. McGee

Land Manager

Printed Name

Title

Date
1/6/94

Telephone No.
685-5600

OIL CONSERVATION DIVISION

Date Approved

By
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title