State of New Mexico

Submit 5 copies to Appropriate District Office

Energy, 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

Operator							Well API No.					
OXY USA INC. 30 025 11011												
Address P.O. BOX 502	50, MIDL	AND, TX 797	10									
New Well		Change in Transporter of:				Other (Please explain)						
Recompletion		Oil Dry Gas										
Change in Operator					• 🗆							
of change of operator give name and address of previous operator TEXACO EXPLORATION & PRODUCTION INC, P.O. BOX 730, HOBBS, NM 88240												
II. DESCRIPTION OF WEL	ANDIE	ASE										
Lease Name Well No. Pool Name, Includi							ling Formation Kind			of Lease State, Federal or Fee Lease No.		
MYERS LANGLIE MATTIX UNIT 143						(7 RVRS Q GRAYBURG			EDERAL NM7488			
Location Unit Letter F : 1960 Feet From The NORTH Line and 1905 Feet From The WEST Line												
Section 5 Township 24S Range 37E NMPM LEA COUNTY												
Section 5 Township 245 Range 2/E NIVIFINI LEA COUNTY												
III. DESIGNATION OF TRA	NSPORT	ER OF OIL	ND NAT	URAL	GAS							
Name of Authorized Transporter of 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 Casinghead Gas Dry Gas Texaco Exploration & Production Inc						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, Unit Sec. Twp. Rge.					Rge.	Is gas actually connected? When?						
give locaton of tanks		G	5	245	37E	YES				4/12/62		
If this production is commingle	d with that	from any other	lease or p	ool, giv	e comminglin	g order numbe	r:					
IV. COMPLETION DATA						 	1-12.	 	T	1	<u> </u>	
Designate Type of Completion - (X)		(X)	Oil We		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						CEMENTIN	IG RECOR	D				
HOLE SIZE						DEPTH SET			SACKS CEMENT			
		ļ				ļ			 			
V. TEST DATA AND REQ												
				ne of k	ad oil and m					or be a full 24 h	nours.)	
ate 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	Choke Size		
Actual Prod. During Test		Oil - Bbls.				Water - Bbls	•		Gas - MCF			
GAS WELL									. 4			
Actual Prod. Test - MCF/D	Fest - MCF/D Length of Test					Bbls. Conde	nsate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.))	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI OBERATOR CERTIFIC	ATE OF	COMPLIANC	`E			- 	- -					
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 mylandified and belief.						OIL CONSERVATION DIVISION						
Signature	L'al	1/				- I Doto	Annround	Ť i ·	į.	14		
Signature P. N. McGee Land Manager					Date	ORIGINAL SIGNED BY JERRY SEXTON						
Printed Name						⊢ Ву_			ICT I SUPE			
	6/94		5-5600			Title						
Date		Tel	ephone N	o.		7						

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.