Submit 5 copies to Appropriate District Office

DISTRICT

DISTRICT II

State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Sante Fe, New Mexico 87504-2088

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

Operator

1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 1980, Hobbs, NM 88240

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Well API No.

OXY USA INC.								3	0 025 110	12		
Address P.O. BOX 50250, MID	LAND, TX 79710											
New Well Change in Transporter of:						Other (Please explain)						
Recompletion	Oil		Dry Gas Condensate									
Change in Operator	Casinghead Gas											
change of operator give name and address					<u> </u>				·			
f previous operator	TEXACO EXPL	ORATION	& PROD	DUCTIO	N INC, P.O.	BOX 730, H	OBBS, NM 8	38240				
. DESCRIPTION OF WELL AND		Vell No.	Pool Name	e Includ	ing Formation		Kind	of Lease State, Fede	rator Fee	ease No.		
rease italie			LANGLIE MATTIX 7 RVRS Q GRAYBURG			FE	Ε					
Location												
Unit Letter					ORTH_Line			From The E		Line		
Section 5	Town	ship <u>24</u>	<u>s</u>		Range	7E			LEA	COUNT	•	
II. DESIGNATION OF TR ANSPOR	RTER OF OIL AN	D NATUR	AL GAS									
ame of Authorized Transporter of Oil Condensate					Address (Give address to which approved copy of this form is to be sent)							
Texas New Mexico Pipeline Compa Name of Authorized Transporter of	ny Casinghead	Gas 🔽	Dry Ga			vay Denver,		copy of this for	m is to be s	sent)		
Texaco Exploration & Production Inc		🔼	Diy Ge	- LJ	,	37 Eunice,						
If Well Produces oil or liquids,	1	- · · · - · · - · · - · · · - · · · ·			is gas actually connected? When?							
give locaton of tanks	G			7E	no							
If this production is commingled with the	nat from any other le	ase or pool	, give com	mingling	j order number	-						
IV. COMPLETION DATA		Oil Well	Goe	Well	New Weil	Workover	Deepen	Plug Back	Same R	es'v Diff	Res'v	
Designate Type of Completion	n - (X)	Oli Weli	Cas	*****	11017 11011		Беереп	i iag baok	Camor	55 Dill	NGS V	
Date Spudded	Date Compl. Ready to		Prod.		Total Depth			P.B.T.D				
Elevations (DF, RKB, RT, GR, etc.)	rations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Pay	Tubing Depth					
Maile of Flouding Formation					<u> </u>							
Perforations	·							Depth Casing	g Shoe			
TUBING, CASING				AND	CEMENTIN							
HOLE SIZE	CASIN	CASING and TUBING SIZE				DEPTH SET			SACKS CEMENT			
		 			+		•	 				
					<u> </u>							
V. TEST DATA AND REQUEST I			of land all		et he oaval t	n or avacad to	on alloumbie	for this depth	or he a ful	I 24 hours '		
OIL WELL (Test must be at Date First New Oil Run To Tank	fter recovery of total	ai voiume (OT IORICI OII	and mi		ethod (Flow, po			or be a rui	1 24 (louis.)		
DECOT HOLITON ON HUM 15 TUNK	Date of Foot	Date of Teat										
Length of Test	Tubing Pressur	Tubing Pressure				sure .		Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas - MCF			
					<u> </u>							
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
Tooling Mathed (nitet hook pr.)	Tubing Pressu	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)		i analy i researce (Americal)				and I toomin (and m)						
VI. OPERATOR CERTIFICATE C												
I hereby certify that the rules and regulation Division have been complied with and that	the information given a	on above				OIL C	ONSER	VATION	DIVIS	ION		
is true and complete to the best of my knowledge and belief.					₩ 1994							
	low				4				,			
Signature	1	Mareres			Date	Approved						
P. N. McGee Land Manager					By ORIGINAL SIGNED BY JERRY SEXTON							
Printed Name Title 1/6/94 685-5600								TRICT I SU)K		
			· · · · · · · · · · · · · · · · · · ·		_ ITTIE_						'F.	
Date	ı elep	ohone No.			11						سحد	

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.
- 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.