Submit 5 copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

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

District Office

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 OXY USA INC.		Well API No. 30 025 11014								
Aridrage								, , , , , , , , , , , , , , , , , , , ,		
P.O. BOX 50250, M	IDLAND, TX 79710									
New Well	Change in Transpo	rter of:		Other (Please explain)						
Recompletion	Oil	님	Dry Gas							
Change in Operator	Casinghead Gas	U	Condensate							
change of operator give name and address f previous operator	TEXACO EXPLO	DATION S	PPODLICTIO	N INC PO	BOX 730 H	ORRS NM 8	R240			
, previous operator	TEXACO EXPL	JRATION &	PRODUCTIO	л но, г.о.	BOX 730, 11	0000, 11111 0				
. DESCRIPTION OF WELL AN	D LEASE							· · · · · · · · · · · · · · · · · · ·		
ease Name Well No. Pool Name, Inclu				ling Formation			f Lease State, Federal or Fee Lease No.			
YERS LANGLIE MATTIX UNIT		180 LA	NGLIE MATTIX	7 RVRS Q G	RAYBURG	FEE	<u> </u>			
Location Unit Letter	P : 330	Feet F	rom The _S	OUTH_Line	and 330	Feet I	From The _E	ASTL	ine	
·	Town							LEA_CC	YTNUC	
		<u></u>								
I. DESIGNATION OF TRANSP	ORTER OF OIL ANI	NATURAL	.GAS							
Name of Authorized Transporter of	Oil	⊠ Co	ndensate					n is to be sent)		
exas New Mexico Pipeline Company				1670 Broadway Denver, Colorado 80202						
Name of Authorized Transporter of Texaco Exploration & Production inc	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,		Unit Sec. Twp.		Is gas actually connected? Who						
give locaton of tanks	G	5 24S	37E	no					*** **	
If this production is commingled with	that from any other le	ase or pool, gi	ve commingling	order numbe	r:					
IV. COMPLETION DATA					.		·	 	,	
Designate Type of Completi	on - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res	
Date Spudded	Date Compl. Re	eady to Prod.		Total Depth	<u> </u>	<u> </u>	P.B.T.D			
levations (DF, RKB, RT, GR, etc.)	ucing Formation		Top Oil/Gas Pay		Tubing Depth					
Perforations								Depth Casing Shoe		
		101110 04	OINO AND	OFMENTU	IC DECOR	<u> </u>	<u> </u>			
HOLE SIZE		TUBING, CASING AND CASING and TUBING SIZE			DEPTH SET			SACKS CEMENT		
HOLL SIZE										
							<u> </u>			
							 			
V. TEST DATA AND REQUES	T FOR ALLOWABLE	<u> </u>			_ 					
	after recovery of total		load oil and mu	ust 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		•			ump, gas lift, e				
Length of Test	Tubing Pressur	Tubing Pressure			Casing Pressure			Choke Size		
ctual Prod. During Test Oil - Bbls.				Water - Bbis.			Gas - MCF			
GAS WELL										
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 CERTIFICATE	OF COMPLIANCE									
I hereby certify that the rules and regula Division have been complied with and t is true and complete to the best of my	itions of the Oil Conservati hat the information given a	on			OIL C	ONSER	VATION	DIVISION	1	
Signature	"LAW			- □ Date	Annroved	Ī	÷	Å		
Signature P. N. McGee Land Manager				Date Approved						
Printed Name Title				By ORIGINAL SIGNED BY JERRY SEXTON						
1/6/94	685-5	600		Title		וצוע	IRICT I SUP	EK VIZOR		
Date	Tolor	hone 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.