Submit 5 copies to Appropriate District Office

State of New Mexico ∍rgy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

<u>DISTRICT II</u>

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 P.O. Box 2088

Sante Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator					····						
Operator OXY USA INC.								Well API No. 30 025 11025			
Address P.O. BOX 50250, MI	DLAND, TX 79	710									
New Weil	Change in Tra	nsporter of:				П	Other (Please	evalain\			
Recompletion											
Change in Operator	Casinghead G	ias		Dry Gas Condense	_	•					
If change of operator give name and address of previous operator	-	KPLORATI	ION &	PRODUCT	ION INC, P.O	. BOX 730. H	IOBBS NM	88240			
II. DESCRIPTION OF WELL AND							1000, 1111	00240			
Lease Name	LEASE	Well No.	l Bas	al Alama Inali	.4:		I Man	of Lease State, Fed	-1-5-0		
MYERS LANGLIE MATTIX UNIT		176			iding Formation IX 7 RVRS Q G		l_	DERAL	leral or Fee Lease	No. NM7488	
Location Unit Letter	P:6	60 i	Feet F	rom The	SOUTH Lin	e and 660	Fee	From The	FAST I	_ine	
Section 6	Те	ownship				37E			LEA CO		
III DESIGNATION OF TRANSPORT					-						
III. DESIGNATION OF TRANSPO	RTER OF OIL		URAL	GAS							
Name of Authorized Transporter of	Oi		Сол	ndensate 🔲					m is to be sent)		
Texas New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas Dry Gas					1670 Broadway Denver, Colorado 80202						
Name of Authorized Transporter of Casingheed Gas Dry Gas Texaco Exploration & Production Inc					Address (Give address to which approved copy of this form is to be sent)						
If Well Produces oil or liquids,	Sec.	Sec. Twp. Rge.			P. O. Box 1137 Eunice, New Mexico Is gas actually connected? Whe						
give locaton of tanks	G	5	245	37E	no	,	.	•••			
if this production is commingled with the	nat from any othe	r lease or p	ool, giv	e comminglin	g order number	r:					
IV. COMPLETION DATA		.									
Designate Type of Completion	1 - (X)	Oil We	41	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	. Ready to P	Prod.		Total Depth	1	<u> </u>	P.B.T.D	<u> </u>	1 .	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					1			Depth Casing Shoe			
TUBING, CASING AND					CEMENTING RECORD					 	
HOLE SIZE						DEPTH SET			SACKS CEMENT		
				<u> </u>						·	
					ļ <u>.</u>						
	+										
V. TEST DATA AND REQUEST F	OR ALLOWAB	BLE							·		
OIL WELL (Test must be aff	er recovery of t	otal volume	of loa	ad oil and mu	ust be equal to	or exceed to	n allowable fo	or this denth o	r be a full 24 b	ouro \	
Date First New Oil Run To Tank	ust be equal to or exceed top allowable for this depth or be a full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Press	Tubing Pressure				ire		Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - 8bis,				Water - Bbis.			Gas - MCF		
GAS WELL					<u> </u>		·		 ·		
Actual Prod. Test - MCF/D	Length of Te	 st			Bhis Condens	eate AMC F		Gradu of Co.	ndanasta.		
Testing Method (pitot, back pr.)	Tuhing Proce	Tubing Pressure (Shut-in)				Bbls. Condensate/MMCF			Gravity of Condensate		
					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF											
I hereby certify that the rules and regulations Division have been complied with and that the is true and complete to the best of my knowledge.	a information ciona	above				OIL CC	NSERV	ATION E	NOISIVI		
	Ude							\$	· ·	i	
Signature P. N. McGee	Land	Managor			Date A	pproved_					
Deleted No.					Ву						
1/6/94 Title 1/6/94 685-5600					Title DISTRICT I SUPERVISOR						
Date Telephone No.					IIIe_		DISTRI	J., JUI 41		-	
					7.1						

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.