State of New Mexico

Submit 5 copies to Appropriate District Office

.rgy, Minerals and Natural Resources Department

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

Well API No

DISTRICT

P.O. Box 1980, Hobbs, NM 88240

DISTRICT IL

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

perator OXY USA INC.					30 025 11038					
Idress P.O. BOX 50250, MID	LAND. TX 797	10								
	Change in Trans				☐ Ott	ner (Please exp	elain)			
w Well	•	ъропол ол. Г	Dry Gas							
scompletion	Oil	_ L	Condensate	=						
hange in Operator	Casinghead Ga	* L	Concensate	, L						
ange of operator give name and address evious operator	TEXACO EX	PLORATION	N & PRODUCTION	ON INC, P.O.	BOX 730, H	OBBS, NM 88	240			
ESCRIPTION OF WELL AND	LEASE									
ase Name Well No. Pool Name, Includ				ing Formation			d of Lease State, Federal or Fee Lease No.		No. NM7488	
ERS LANGLIE MATTIX ONT				(7 RVRS Q GRAYBURG			FEDERAL 1847-100			
cation Unit Letter[3: <u>66</u>	60 Fee	et From TheN	IORTH_Line	and 1980	Feet i	rom The <u>E</u>	ASTLi	ine	
Section 7	To	wnshin 24	IS	Range	37E	_NMPM		LEA CO	UNTY	
Jedikii										
DESIGNATION OF TRANSPO	RTER OF OIL	AND NATUR	RAL GAS							
me of Authorized Transporter of	Oil		Condensate					n is to be sent)		
xas New Mexico Pipeline Compa	1670 Broadway Denver, Colorado 80202 Address (Give address to which approved copy of this form is to be sent)									
arme of Authorized Transporter of	P. O. Box 1137 Eunice, New Mexico 88231									
aco Exploration & Production Inc Vell Produces oil or liquids, Unit Sec. Twp. Rge.			wp. Rge.	is gas actually connected? When						
ve locaton of tanks	G		4S 37E	YES				3/0/02		
this production is commingled with t	hat from any othe	er lease or poo	ol, give comminglin	ng order numbe	r					
COMPLETION DATA				New Well	Workover	Basses	Plug Back	Same Res'v	Diff Res	
esignate Type of Completio			Oil Well Gas Well		AAGIKOAAI	Deepen	P.B.T.D	Saille Res V	Dill Res	
te Spudded	Date Comp	I. Ready to Pr	od.	Total Depth			F.B.1.D			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
erforations				<u> </u>	<u>-</u>		Depth Casin	g Shoe		
		TUBING,	CASING AND	CEMENTI	NG RECOR	PD				
HOLE SIZE CASING and TUBING SIZE			DEPTH SET			SACKS CEMENT				
							 			
/. TEST DATA AND REQUEST	FOR ALLOWA	BLE				U b l= 4	laudhia dambh	or ho a full 24 i	houre \	
			of load oil and n	nust be equal	to or exceed t lethod (Flow, p	op allowable i	or this depth	or be a full 24	nours.)	
ate First New Oil Run To Tank	Date of Te	st		Producing N	etnod (Flow, p	unp, gas m, e	····			
ength of Test	Tubing Pre	Tubing Pressure			Casing Pressure			Choke Size		
ctual Prod. During Test	Oil - Bbls.			Water - Bbl	Water - Bbls.			Gas - MCF		
GAS WELL							<u> </u>			
Actual Prod. Test - MCF/D	Length of 1	Test		Bbls. Conde	Bbis. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pre	essure (Shut-i	n)	Casing Pre	Casing Pressure (Shut-in)			Choke Size		
				 						
VI. OPERATOR CERTIFICATE I hereby certify that the rules and regulati					0" 0	ONOED!	VATION	DIVICION	vI	
I hereby certify that the rules and regulate Division have been complied with and the is true and complete to the best of the kg	at the information given by the content of the cont	ven above			OIL C	ONSER	VATION	DIVISION	4	
	12km				_					
Signature	-		_	Date	Approved	1	40 4	NA CENTOR	4	
P. N. McGee				Ву	ORIG	GINAL SIG	AED BA 161	ASOR		
Printed Name		itle of 5600				DISTRIC	11301=1			
1/6/94		85-5600 		Title	'					
Date	Т	elephone No) .	ll l						

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.