Submit 5 copies to Appropriate District Office

State of New Mexico اد جري 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 OXY USA INC.									Well API No. 30 025 11055				
Address P.O. BOX 50250,	MIDLANI	D, TX 797	10				 :	<u></u>					
New Well Change in Transporter of:							Other (Please explain)						
Recompletion	•	Oil			Dry Gas				prairiy				
Change in Operator Casinghead Gas			s	Condensate									
If change of operator give name and add of previous operator		KACO EX	PLORATI	ON & I	PRODUCTIO	ON INC, P.O.	ВОХ 730, Н	OBBS, NM 88	3240				
II. DESCRIPTION OF WELL A	ND LEAS	E											
Lease Name Well No. Pool Name, Includ						ling Formation Kin			of Lease State, Federal or Fee Lease No.				
MYERS LANGLIE MATTIX UNIT 217 LANGLIE MATT						(7 RVRS Q GRAYBURG FE			Ē				
Location Unit Letter	н	:16	<u>50</u>	Feet Fr	om TheN	ORTH_Line	e and 330	Feet I	From The _E	AST	_Line		
Section 8	wnship	Range	37E	_NMPM		LEA_(COUNTY						
III. DESIGNATION OF TRANS	PORTER	OF OIL A	ND NAT	URAL (GAS								
Name of Authorized Transporter of		Oil	\square	Con	densate	Address (Give	e address to wh	ich approved o	opy of this form	n is to be sen	1)		
Texas New Mexico Pipeline Company						1670 Broadway Denver, Colorado 80202							
Name of Authorized Transporter of Casinghead Gas Dry Gas						Address (Give address to which approved copy of this form is to be sent)							
Texaco Exploration & Production Inc				Тур.	Rge.	P. O. Box 1137 Eunice, New Mexico 8							
If Well Produces oil or liquids, give locaton of tanks Unit Sec.				245	37E	Is gas actually connected? When?							
If this production is commingled w	ith that from	m any other	lease or p	ool, giv	e commingling	order numbe	r:						
IV. COMPLETION DATA		•	•			•							
Designate Type of Completion - (X)			Oil W	ell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'	/ Diff Res	.'v	
Date Spudded	C	ate Compl.	Ready to	Prod.		Total Depth	<u> </u>	<u>L</u>	P.B.T.D	<u>L</u>			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth				
Perforations									Depth Casing Shoe				
		TUBING, CASING AND											
HOLE SIZE		CASING and TUBING SIZE				DEPTH SET			SACKS CEMENT				
	-												
	I												
V. TEST DATA AND REQUE OIL WELL (Test must I				ne of lo	ad oil and mu	ust be equal t	o or exceed to	op allowable fo	or this depth o	or be a full 2	4 hours.)		
Date First New Oil Run To Tank Date of Test							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	т	Tubing Pressure				Casing Pressure			Choke Size				
Actual Prod. During Test	c	Oil - Bbis.				Water - Bbls.			Gas - MCF				
GAS WELL						_1,							
Actual Prod. Test - MCF/D Length of Test						Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)						Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICAT	E OF CO	MPLIANO											
I hereby certify that the rules and regu Division have been complied with and is true and complete to the lessporm	lations of th	e Oil Conserv	ration				OIL C	ONSER\			N		
		le							File	1894			
ignature . N. McGee Land Manager						Date Approved							
Printed Name Title					By ORIGINAL SIGNED BY JERRY SEXTON								
1/6/9	4	685-5600				Title DISTRICT I SUPERVISOR							
Date		Tel	ephone N	0.		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.