Submit 5 copies to Appropriate District Office

State of New Mexico #gy, 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

								Well API No.				
OXY USA INC.									30	025 11064		
idress P.O. BOX 50250, MIDLAN	ID, TX 79	9710										
lew Well Cha	ange in Tr	anspo	rter of:				☐ Oth	er (Please exp	lain)			
Recompletion Oil					Dry Gas							
(BCOIII)Pionori	singhead	Gas			Condensate	• 						
thange of operator give name and address previous operator	EXACO E	XPLO	ORATIO	& AC	PRODUCTI	ON INC, P.O.	BOX 730, HC	BBS, NM 88	240			
_				-								
DESCRIPTION OF WELL AND LEA	SE	V	Vell No.	Poo	ol Name, inclu	ding Formation		Kind of	Lease State, Federa	1		
ease Name IYERS LANGLIE MATTIX UNIT			201	LA	NGLIE MATTI	X 7 RVRS Q GI	RAYBURG	FEC	ERAL	N7	M0321613	
ocation		1				IODTU Line	and 760	Fact F	rom The W	rest Li	ne	
Unit LetterD		660				NORTH_Line						
Section 8			Township 24S Range 37E NMPM							LEA CO	UNIY	
					046							
I. DESIGNATION OF TRANSPORTE						Addrage (Gha	address to wh	ich approved d	opy of this form	n is to be sent)		
lame of Authorized Transporter of			1				Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202					
Texas New Mexico Pipeline Company	Casing	head	Gas 🔯	1	Dry Gas	Address (Giv	e address to wh	ich approved	copy of this form	n is to be sent)		
Name of Authorized Transporter of Casin- Texaco Exploration & Production Inc							P. O. Box 1137 Eunice, New Mexico 88231					
If Well Produces oil or liquids,	Unit	s	ec.	Twp.	1 -	Is gas actua	illy connected	? Wher				
give locaton of tanks	G		5	245	37E	no						
If this production is commingled with that	from any c	ther le	ease or p	oool, gi	ive commingli	ng order numbe	r:					
IV. COMPLETION DATA								·	1 =: = :	1 =	1	
	(X)	T	Oil W	ell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'	
Designate Type of Completion -	Date Co	mel F	Ready to	Prod.		Total Depth		1	P.B.T.D	<u> </u>	<u> </u>	
·						Top Oil/Gas	Day		Tubing Depti	<u> </u>		
levations (DF, RKB, RT, GR, etc.)			of Producing Formation									
Perforations	1		-						Depth Casing	g Snoe		
			TIDINI	3 C/	ASING ANI	CEMENTI	NG RECOR	D	-			
HOLE SIZE		TUBING, CASING AND CASING and TUBING SIZE					DEPTH SET			SACKS CEMENT		
HOLE SIZE												
									 			
									+			
										., .,		
V. TEST DATA AND REQUEST FOOIL WELL. (Test must be after	R ALLO	WABI	tel volu	me of	load oil and	must be equal	to or exceed t	op allowable	for this depth	or be a full 24	hours.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	r recover		nai VOIUI		IVER ON BUILD	Producing I	Method (Flow, p	ump, gas lift, e	etc.)			
Data Liist Man Oil Krii 10 Tauk	J-16 0								Choke Size			
Length of Test	Tubing	Pressure				Casing Pre	Casing Pressure					
Actual Prod. During Test	Oil - Bb	· Bols.				Water - Bb	Water - Bbls.			Gas - MCF		
01014511	.L											
GAS WELL Actual Prod. Test - MCF/D	Length	of Ter	 st			Bbls. Cond	lensate/MMCF		Gravity of C	Condensate		
ACIDAL PIDO. 1651 - NICITO							(0) (1)		Chaka Size			
Testing Method (pitot, back pr.)	Tubing	Pressure (Shut-in)				Casing Pro	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICATE OF	COMPL	IANC	E							*		
I hereby certify that the rules and regulations of the Oil			ation				OIL CONSER'			VATION DIVISION		
Division have been complied with and that the is true and complete to the best of my knowledge.	a informativ		n above				OIL C	, O. 10 <u>—</u> .				
is the and coublete in the party of the									.		- v. T	
	MU	ノ				— not	a Δnnrove	4				
Signature P. N. McGee		Land Manager				Dal	Date Approved					
					na, rager		By QRIGINAL SI			IGNED BY JERRY SEXTON RICT I SUPERVISOR		
Printed Name 1/6/94		Title 685	e 5-5600			Tial	e	DI2	KICT I SUP	ERVISOR		
				N-		I'''	c	<u></u>				
Date		Tel	ephone	No.		11						

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.