Submit 5 copies to Appropriate District Office

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

Form C-104 **Revised 1-1-89** See Instructions OIL CONSERVATION DIVISION 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 P.O. Box 2088

Sante Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ł												
Operator OXY USA INC.								Well API No. 30 025 11069				
Address P.O. BOX 50250, MIDI	AND. TX 797	'10				- 						
	Change in Tran					o	ther (Please ex	rplain)				
_	Oil Dry Gas											
					• 🗖							
If change of operator give name and address												
of previous operator	TEXACO EX	PLORAT	ION & F	PRODUCTION	ON INC, P.O	BOX 730, H	OBBS, NM 8	8240				
II. DESCRIPTION OF WELL AND L	FASE											
Lease Name Well No. Pool Name, Includ					ling Formation		of Lease State, Federal or Fee Lease No.					
TENO ENICELE MATTIX ONT					X 7 RVRS Q GRAYBURG FE			E				
Location Unit Letter F	· 16	350	Feet Fr	om The N	ORTH Lin	e and <u>1650</u>	Feet	From The <u>V</u>	VEST	_Line		
Section 9		ownship_							LEA_	COUNT	. Y	
W DEGIONATION OF TOANGOOD	TER OF OU	4 NID NIA 7		046							<u> </u>	
III. DESIGNATION OF TRANSPOR Name of Authorized Transporter of	TER OF OIL			densate	Address (Giv	a address to w	hich ennmed	conv of this form	n is to he sen	<u> </u>		
Texas New Mexico Pipeline Compan	Address (Give address to which approved copy of this form is to be sent) 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				Rge.		P. O. Box 1137 Eunice, New Mexico 88231						
If Well Produces oil or liquids, give locaton of tanks	Unit G	Sec.	Twp.	37E	Is gas actually connected? When?							
If this production is commingled with the	at from any othe	er lease or	pool, give	e commingling	g order numbe	r:						
IV. COMPLETION DATA												
Designate Type of Completion	- (X)	Oil W	/eli	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	V Di	iff Res'v	
pate Spudded Date Compl. Ready to Prod.				Total Depth	<u> </u>	<u> </u>	P.B.T.D	1	<u> </u>			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth				
Perforations					J		Depth Casing Shoe					
		TUDINI		WING 4115	OFMENT	IO DECCE						
HOLE SIZE	CA	TUBING, CASING AND CASING and TUBING SIZE				DEPTH SET			SACKS CEMENT			
11012 011		Orbino and Tobino diel										
V. TEST DATA AND REQUEST F	OR ALLOWA	BLE										
OIL WELL (Test must be aft	er recovery of	total volui	ne of lo	ad oil and m	ust be equal	to or exceed t	op allowable 1	for this depth o	or be a full 2	4 hours	i.)	
Date First New Oil Run To Tank Date of Test						lethod (Flow, p	ump, gas lift, e	tc.)				
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas - MCF				
GAS WELL	!											
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 CERTIFICATE OF	F COMPLIAN	CF			 							
I hereby certify that the rules and regulations	of the Oil Conse	rvation					ONICEDI	VATION	טואופוכ	ANI .		
Division have been complied with and that the is true and complete to the best of my know		en above				OIL C	UNSER	VALION	DIVISIC	/IN		
	La.							FED.	. 1994			
Signature						Approved						
P. N. McGee Land Manager												
Printed Name Title					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
1/6/94		15-5600 			Title							
Date Telephone 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.