

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

I.

|                                              |                                     |                              |                                                 |
|----------------------------------------------|-------------------------------------|------------------------------|-------------------------------------------------|
| Operator<br>OXY USA INC.                     |                                     | Well API No.<br>30 025 11087 |                                                 |
| Address<br>P.O. BOX 50250, MIDLAND, TX 79710 |                                     |                              |                                                 |
| New Well                                     | <input type="checkbox"/>            | Change in Transporter of:    | <input type="checkbox"/> Other (Please explain) |
| Recompletion                                 | <input type="checkbox"/>            | Oil                          | <input type="checkbox"/> Dry Gas                |
| Change in Operator                           | <input checked="" type="checkbox"/> | Casinghead Gas               | <input type="checkbox"/> Condensate             |

If change of operator give name and address  
of previous operator

TEXACO EXPLORATION & PRODUCTION INC, P.O. BOX 730, HOBBS, NM 88240

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                               |                 |                                                                    |                                                |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------|------------------------------------------------|------------------------|
| Lease Name<br>MYERS LANGLIE MATTIX UNIT                                                                                                                                                                       | Well No.<br>225 | Pool Name, including Formation<br>LANGLIE MATTIX 7 RVRs Q GRAYBURG | Kind of Lease State, Federal or Fee<br>FEDERAL | Lease No.<br>LC032339b |
| Location<br>Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line<br>Section <u>10</u> Township <u>24S</u> Range <u>37E</u> NMPM <u>LEA</u> COUNTY |                 |                                                                    |                                                |                        |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                          |                                                    |                                     |                                                                                                                     |      |                                  |       |
|--------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------|------|----------------------------------|-------|
| Name of Authorized Transporter of<br>SHUT-IN                             | Oil <input type="checkbox"/>                       | Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)                                            |      |                                  |       |
| Name of Authorized Transporter of<br>Texaco Exploration & Production Inc | Casinghead Gas <input checked="" type="checkbox"/> | Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1137 Eunice, New Mexico 88231 |      |                                  |       |
| If Well Produces oil or liquids,<br>give locaton of tanks                | Unit                                               | Sec.                                | Twp.                                                                                                                | Rge. | Is gas actually connected?<br>no | When? |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

|                                     |                             |          |                 |          |        |                   |            |            |
|-------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|------------|------------|
| Designate Type of Completion - (X)  | Oil Well                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Res'v | Diff Res'v |
| Date Spudded                        | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D           |            |            |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing Depth      |            |            |
| Perforations                        |                             |          |                 |          |        | Depth Casing Shoe |            |            |
| TUBING, CASING AND CEMENTING RECORD |                             |          |                 |          |        |                   |            |            |
| HOLE SIZE                           | CASING and TUBING SIZE      |          | DEPTH SET       |          |        | SACKS CEMENT      |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be a full 24 hours.)

|                                |                 |                                               |            |
|--------------------------------|-----------------|-----------------------------------------------|------------|
| Date First New Oil Run To Tank | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | 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 COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation  
Division have been complied with and that the information given above  
is true and complete to the best of my knowledge and belief.

|                          |                   |              |
|--------------------------|-------------------|--------------|
| Signature<br>P. N. McGee |                   | Land Manager |
| Printed Name<br>1/6/94   | Title<br>685-5600 |              |
| Date                     | Telephone No.     |              |

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title \_\_\_\_\_

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.