## Submit 5 copies to Appropriate District Office DISTRICT I

**DISTRICT II** 

State of New Mexico

ांध्रेy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION** 

P.O. Box 2088

Sante Fe, New Mexico 87504-2088

P.O. Box Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 1980, Hobbs, NM 88240

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

1.		10 16	CANSPL	JK I OIL AI	NO NATURAL	_ GAS						
Operator OXY USA INC.							Well API No. 30 025 11088					
Address P.O. BOX 50250, MIDL	AND, TX 79	710						······································				
	Change in Trai		 :			По	ther (Please e	vnlain)				
	011	noportor or.		Dry Gas	Γ-		nier (Fresso s	мриант <i>)</i>				
	Casinghead Gas Condensate				=							
			ليحا				-					
If change of operator give name and address of previous operator	TEXACO EX	PLORAT	ION & I	PRODUCT	ION INC, P.O	. BOX 730, H	OBBS, NM 8	38240				
II. DESCRIPTION OF WELL AND LE	EASE									_		
Lease Name Well No. Pool Name, Inclu					-		Kind	of Lease State, Federal or Fee Lease No.				
MYERS LANGLIE MATTIX UNIT Location		227	LAN	GLIE MAII	IX 7 RVRS Q G	RAYBURG	FE	DERAL	L	.С032339ь		
Unit Letter J	: 19	980	Feet Fro	om The	SOUTH Lin	e and <u>1980</u>	Feet	From The E	AST L	ine		
Saaking 40												
Section 10	10	ownship_	245		Range	3/E	NMPM		LEA_CC	DUNTY		
III. DESIGNATION OF TRANSPORT	ER OF OIL	AND NAT	URAL (	GAS								
Name of Authorized Transporter of	Oi		Cone	densate	Address (Giv	e address to wh	ich approved	copy of this for	n is to be sent)			
Name of Authorized Transporter of Oil Condensate Address (Give address to which approved copy of this form is to be se Texas New Mexico Pipeline Company  Address (Give address to which approved copy of this form is to be se									ii io to so cont,			
						Address (Give address to which approved copy of this form is to be sent)						
Texaco Exploration & Production Inc  If Well Produces oil or liquids Unit Sec. Twp. Rge.					P. O. Box 1137 Eunice, New Mexico 88231							
If Well Produces oil or liquids, give locaton of tanks	r liquids, Unit Sec. Tv			Rge. 37E	no	illy connected	? Whe	n?				
If this production is commingled with that	from any othe											
IV. COMPLETION DATA			, g., .		ng Gradi Hamibo				<del> </del>			
		Oil W	الم	Gas Well	New Well	Workover	Deepen	Plug Back	Como Book			
Designate Type of Completion -							Бесреп	Pidy Sack	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												
renorations								Depth Casing	Shoe			
		TUBING	, CAS	ING AND	CEMENTIN	IG RECORI	<u> </u>	<u> </u>				
HOLE SIZE CASING and TUBING SIZE					DEPTH SET			SACKS CEMENT				
	<del> </del>				+	<del></del>	<del></del>	<del> </del>	****			
			-		<del>-</del>			-				
V. TEST DATA AND REQUEST FO	R ALLOWA	BLE			<del></del>				· ,			
OIL WELL (Test must be after	recovery of t	total volum	ne of loa	d oil and m	ust be equal to	o or exceed to	p allowable f	or this depth o	r be a full 24 h	ours.)		
Date First New Oil Run To Tank	Date of Tes	t			Producing Me	ethod (Flow, pu	mp, gas lift, et	c.)				
Length of Test	Tubing Pressure				Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas - MCF				
GAS WELL	<del></del>			<u></u> .				<u> </u>				
Actual Prod. Test - MCF/D	Length of Test				Bbis. 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	·=						<u> </u>				
I hereby certify that the rules and regulations of Division have been complied with and that the is true and complete to the best of my knowled	the Oil Conservinformation gives and belief.	ation				OIL CO	ONSERV	/ATION [	DIVISION	34		
Signature //////					1							
Signature P. N. McGee Land Manager					Date Approved							
B. L. A.A.					ORIGINAL SIGNED BY JERRY SEXTON							
Printed Name Title 1/6/94 685-5600						DISTRICT I SUPERVISOR						
	<del></del>				Title_							
Date	Tek	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.