Submit 5 copies to Appropriate District Office

DISTRICT

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

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

Operator								We	II API No.			
Oxy USA INC.							30 025 25990					
Address P.O. BOX 5025	50, MIDLA	ND, TX 7971	10									
New Well Change in Transporter of:							Other (Please explain)					
Recompletion		Oil Dry Gas										
Change in Operator	Change in Operator					• 🗆						
If change of operator give name and of previous operator	address T	EXACO EXF	PLORATION	ON & F	PRODUCTI	ON INC, P.O.	BOX 730, H	OBBS, NM 8	3240			
II DESCRIPTION OF MELT	ANDIE	NCE.										
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Include						ding Formation	ing Formation Kin			of Lease State, Federal or Fee Lease No.		
Lease Name MYERS LANGLIE MATTIX	1 1			-			DERAL NM27722		NM27722			
Location						CUTU Line	and 660	East	From The E	ACT	Line	
Unit Letter							e and _660					
Section _ 3	3	Tov	wnship	<u> 24S</u>		Range	37E	NMPM		LEA_C	OUNTY	
III. DESIGNATION OF TRA	NSPORTE	ER OF OIL A	ND NAT	JRAL	GAS							
Name of Authorized Transporter of Oil Condensate Address (Give address to which approved copy of this form is to be sent))	
							1670 Broadway Denver, Colorado 80202					
						Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137 Eunice, New Mexico 88231						
Texaco Exploration & Production Inc If Well Produces oil or liquids, Unit Sec. Twp. Rge.							Is gas actually connected? When?					
give locaton of tanks	.s,	G	5	245	37E	YES				9/5/78	В	
If this production is commingle	d with that f	rom any other	lease or p	ool, giv	e comminglin	g order numbe	r:	······································				
IV. COMPLETION DATA			•							1		
Designate Type of Com	pletion -	(X)	Oil We	əli	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Date Compl.	Ready to I	Prod.		Total Depth			P.B.T.D			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations										Depth Casing Shoe		
TUBING, CASING A					ING AND	CEMENTI	NG RECOR	D				
HOLE SIZE		CASING and TUBING SIZE				DEPTH SET			SACKS CEMENT			
									 			
												
V. TEST DATA AND REQU					- 4 - 11 1					6.11 2.4	l barre \	
OIL WELL (Test mul Date First New Oil Run To Tan		Date of Test		e or io	ad oil and m		o or exceed to lethod (Flow, pu			or de a full 24	nours.)	
Date First New Oil Ruit 10 Tan	•	Date of 1880	<u>.</u>			Producing M	Builda (i low, pu	inip, gas ini, oi	. ,			
ength of Test Tubing Press			erue			Casing Pressure			Choke Size			
ctual 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.)	sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPLIANC	E						1			
I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information gives above is true and complete to the best of myking delegation of the Oil Conservation							OIL CONSERVATION DIVISION					
		Hau	_						:		004	
Signature						Date	Approved					
•			Land Manager				ORIGINA!					
Printed Name Title 1/6/94 685-5600					By	DISTRICT I SUPSPLIES						
Date			ephone N			Title	•	·		3OK		
Jake		1 610	ehining iA	J.		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
- 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.