Submit 5 copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

I.

Operator	Well API No.
OXY USA INC.	30 025 27089
Address: P.O. BOX 50250, MIDLAND, TX 79710	

New Well	☐	Change in Transporter of:				☐ Other (Please explain)
Recompletion	☐	Oil	☐	Dry Gas	☐	
Change in Operator	☒	Casinghead Gas	☐	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	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
MYERS LANGLIE MATTIX UNIT	212	LANGLIE MATTIX 7 RVRS Q GRAYBURG	FEDERAL	NM7488

Location
Unit Letter G : 1980 Feet From The NORTH Line and 1780 Feet From The EAST Line
Section 7 Township 24S Range 37E NMPM LEA COUNTY

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of INJECTOR	Oil ☐	Condensate ☐	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of INJECTOR	Casinghead Gas ☐	Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)			
If Well Produces oil or liquids, give locaton of tanks	Unit	Sec.	Twp.	Rge.	Is gas actually connected? 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: P. N. McGee — Land Manager
Printed Name — Title
1/6/94 — 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.

DeSoto/Nichols 110893