State of New Mexico

Submit 5 copies to Appropriate District Office

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u>

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

(gy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Sante Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l.												
Operator OXY USA INC.						·	M	Vell API No.	0 025 2738			
Address P.O. BOX 50:250, MIDLA	AND, TX 79710)	<u> </u>				· · · · · · · · · · · · · · · · · · ·					
							ther (Dieses	avolain)				
	Change in Transporter of:				U Other (Please explain)							
				Dry Gas Condensate	ate 🛄							
If change of operator give name and address of previous operator	TEXACO EXPL	ORATIO	ON & F	PRODUCTION	ON INC, P.O.	BOX 730, H	IOBBS, NM	88240				
II. DESCRIPTION OF WELL AND LE	ASE											
Lease Name		Well No.	Pool	Name, Includ	ling Formation		Kin	of Lease State, Fede	rator Fee Le:	ase No.		
MYERS LANGLIE MATTIX UNIT	l			X 7 RVRS Q GRAYBURG			E					
Location Unit LetterD_	:660	F	Feet Fr	om The <u>N</u>	ORTH_Line	e and <u>660</u>	Fee	t From The <u>V</u>	VEST	Line		
Section _ 10	Town	nship	245_		Range	37E	NMPM _		LEA	COUN	ITY	
III. DESIGNATION OF TRANSPORT	ER OF OIL AN	ID NATI	URAL (GAS								
Name of Authorized Transporter of	Oil	\boxtimes	Con	densate	Address (Give	address to w	hich approved	copy of this form	n is to be se	nt)		
Texas New Mexico Pipeline Company					1670 Broadway Denver, Colorado 80202							
Name of Authorized Transporter of Casingheed Gas Dry Gas					Address (Give address to which approved copy of this form is to be sent)							
Texaco Exploration & Production Inc						137 Eunice,						
If Well Produces oil or liquids, give locaton of tanks	Unit S	Sec. Twp		Rge. 37E	is gas actually connected? YES		i? Wh	When? 2/9/82				
If this production is comminged with that	from any other k	ease or p	ool, give	e commingling	order numbe	r:						
IV. COMPLETION DATA	•	•			-	-						
Designate Type of Cornpletion -	· (X)	Oil We	all	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	i'v [Diff Res'v	
Date Spudded	Date Compl. R	Ready to F	Prod.		Total Depth	<u> </u>	1	P.B.T.D	1			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth				
Perforations					1	····		Depth Casing Shoe				
		LIBING	CAS	SING AND	CEMENTIN	IG RECOR	חא					
HOLE SIZE	·	TUBING, CASING AND (CASING and TUBING SIZE				DEPTH SET			SACKS CEMENT			
											 	
V. TEST DATA AND REQUEST FO	B ALL OWARL											
OIL WELL (Test must be after		_	e of loa	ad oil and mu	ust be equal to	o or exceed to	op allowable	for this depth o	or be a fuil ?	24 hour	s.)	
Date First New Oil Run To Tank	Date of Test				Producing M	ethod (Flow, p	ump, gas lift,	etc.)				
Length of Test	Tubing Pressu	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas - MCF	Gas - MCF			
GAS WELL					·							
Actual Prod. Test - MCF/D	est - MCF/D Length of Test					nsate/MMCF	Gravity of Co	Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICATE OF	COMPLIANCE				1							
I hereby certify that the rules and regulations of	· · · · · · · · · -					0 11 0	0110ED	~	.			
Division have been complied with and that the information given above is true and complete to the best of my knowledge appropriate.						OIL C	ONSER	VATION I)N		
		,						11	± 3.1	334		
Cignothura	(JU)	-			4 _							
Signature P. N. McGee	l and	Manage	r		Date	Approved						
				Ву	OR	GINAL SIG	GNED BY JE	ARY SEXT	ION			
Printed Name	Title 685-5600				DISTRICT I SUPERVISOR							
					Title							
Date	Telep	hone No) .		il.							

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.