## State of New Mexico

Submit 5 copies to Appropriate District Office

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

## 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

Operator OXY USA INC.							Well API No. 30 025 27482					
Address P.O. BOX 50250, MIDLAN	ND, TX 79710											
New Well Change in Transporter of:  Recompletion Oil Dry Gas  Change in Operator Casinghead Gas Condensate					Other (Please explain)							
f change of operator give name and address of previous operator	EXACO EXPLORATI	ION & F	RODUCTION	ON INC. P.O.	BOX 730, H	OBBS, NM 88	3240					
<u></u>												
II. DESCRIPTION OF WELL AND LEA Lease Name MYERS LANGLIE MATTIX UNIT	Well No.   Pool Name, Includin				ng Pormation			Lease State, Federal or Fee Lease No.  ERAL NM7488				
Location Unit Letter N	:660	Feet Fro	om TheS	OUTH_Line	e and <u>1980</u>	Feet F	rom The <u>V</u>	/EST_L	ine			
Section 4	Township_	24S		Range	37E	_NMPM		LEA CO	YTNUC			
III. DESIGNATION OF TRANSPORTE  Name of Authorized Transporter of				Address (Give	e address to wh	ich approved c	opy of this for	n is to be sent)				
Texas New Mexico Pipeline Company			densate [_]	1670 Broad	way Denver,	Colorado 802	02					
Name of Authorized Transporter of Casinghead Gas Dry Gas Address (Give address to which approved copy of this form is to be a Texaco Exploration & Production Inc P. O. Box 1137 Eunice, New Mexico 88231							n is to be sent)					
If Well Produces oil or liquids, give locaton of tanks	Unit Sec. G 5	Twp.	Rge. 37E	e. Is gas actually connected?			en? 11/2/81					
If this production is commingled with that fi	from any other lease or	pool, give	e comminglin	g order numbe	r:							
IV. COMPLETION DATA			014/-11	New Well	Workover	D	Plug Back	Same Res'v	Diff Death			
Designate Type of Completion -	(X) Oil W	/eli	Gas Well	IVOW VVOII	VVOIADVA	Deepen		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.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay Tubing Depth							
Perforations					Depth Casing Shoe							
TUBING, CASING AND C				CEMENTI	CEMENTING RECORD  DEPTH SET SACKS CEMENT							
HOLE SIZE	CASING and TUBING SIZE				DEFINSE			SAORO CEMENT				
V. TEST DATA AND REQUEST FOR	R ALLOWABLE recovery of total volui	me of lo	ad oil and m	uet ha aqual f	to or exceed to	on allowable fo	or this depth	or be a full 24 h	nours.)			
OIL WELL (Test must be after  Date First New Oil Run To Tank	Date of Test		ad on and in		lethod (Flow, pa							
Length of Test	Tubing Pressure			Casing Pres	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbis.			Water - Bbis	Water - Bbis.			Gas - MCF				
GAS WELL	. <u></u>											
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pres	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 seller.				OIL CONSERVATION DIVISION								
Signature	<i>fu</i>			Date	Approved		s .	: Î				
P. N. McGee					HBIEH	1						
Printed Name Title 1/6/94 685-5600				Title	By URIGINAL FION DY JERRY SEXTON  Title DISTRICT I SUPERVISOR							
Date	Telephone No.				\$1.00m							

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.