Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, 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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

L.			RALLOWAL							
Operator		TO TRANSPORT OIL AND NATURAL GAS					Well API No.			
Oryx Energy Company Address					30-039-24073					
P. O. Box 1861, Mid	land, Te	exas 79	702							
Reason(s) for Filing (Check proper box)				Oth	et (Please expl	ain)				
New Well Recompletion	Oil	Change in Tra								
Change in Operator		d Gas X Co		To A	mend C-1	04 Date	1 4-25-8	39		
f change of operator give name and address of previous operator Sui	n Explor	ation &	Producti	on Co.,	P. O. Bo	x 1861,	Midland	l, Texas	79702	
II. DESCRIPTION OF WELL								Federal		
Lease Name	AND LEA		ol Name, Includ	ing Formation		Kind	of Lease		ase No.	
Wildfire (BPO)		1		B	<u>95/N DI</u>	FIC State.	Federal or Fe	e NM 2	8811	
Location		.00		0 1	1.6	F.O.				
Unit Letter N	_ :9	000 Fe	et From The	South Lie	e and16	<u>50 </u>	et From The	West	Line	
Section 26 Townsh	ip 26-N	26-N Range 2-W			MPM, Ri	o Arriba	County			
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	Total Depth			P.B.T.D.		
3 3								1.5.1.5.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Pay		Tubing Dep	Tubing Depth		
Perforations				1	Depth Casing Shoe					
TUBING, CASING AND O					NG RECOR	D O				
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
	- 									
V. TEST DATA AND REQUE OIL WELL (Test must be after				t be equal to o	exceed top al	lowable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes				ethod (Fiow, p			CEI	MEM	
				Casina Proce	Casing Pressure					
Length of Test	Tubing Pre	Tubing Pressure			Casing Plessure			JL 1 3 191		
Actual Prod. During Test	d. During Test Oil - Bbls.			Water - Bbls.			Gas- MCF			
<u> </u>	<u> </u>						OIL	<u>CON</u>		
GAS WELL				15:		··· ··	12.	DIST. 3		
Actual Prod. Test - MCF/D	Length of	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (puot, back pr.)	Tubing Pre	ssure (Shut-in)	Casing Press	ure (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 beautiful and belief					OIL CONSERVATION DIVISION Date Approved JUL 13 1989					
is true and complete to the best of my knowledge and belief.				Date	II Date Apployed					
Marin L- Pere				р.,	But) Chang					
Signature Accountant				By_	SUPERVISION DISTRICT # 3					
Printed Name	••••				!					
7/6/89 Date		915-688-	-0375 one No.	Title	· 				······································	
Date		1 eleph	UDE INO.							

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 VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.