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Appropriate District Office
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DISTRICT II
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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
Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Oryx Energy Company		Well API No. 30-045-24243
Address P. O. Box 1861, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) Effective 11-1-90 Change Condensate Transporter
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE			
Lease Name New Mexico Federal -N-	Well No. 2E	Pool Name, Including Formation Basin Dakota Gas	Kind of Lease State, Federal or Fee Federal
Lease No. NM 047			
Location Unit Letter D : 1110 Feet From The North Line and 850 Feet From The West Line Section 17 Township 30-N Range 12-W , NMPM , San Juan County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Refining Co.		Address (Give address to which approved copy of this form is to be sent) P. O. Box 9156, Phoenix, Arizona 85068	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Sunterra Gas Processing D 17 30N 12W		Address (Give address to which approved copy of this form is to be sent) Bloomfield, NM 87413	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 17	Twp. 30N
		Rge. 12W	Is gas actually connected? Yes
When ? _____			
If this production is commingled with that from any other lease or pool, give commingling order number: _____			

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)									
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 & 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 for 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
RECEIVED DEC 31 1990			

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate	Gravity of Condensate
Testing Method (pilot, 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 <i>Maria L. Perez</i>	Proration Analyst
Printed Name Maria L. Perez	Title
Date 12/21/90	Telephone No. 915/688-0375

OIL CONSERVATION DIVISION	
DEC 31 1990	
Date Approved	
By <i>[Signature]</i>	
SUPERVISOR DISTRICT #3	
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 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.

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