

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

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

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

Operator <b>Oryx Energy Company</b>		Well API No. <b>30-045-24365</b>
Address <b>P. O. Box 1861, Midland, Texas 79702</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator <b>Sun Exploration &amp; Production Co., P. O. Box 1861, Midland, Texas</b>		

<b>II. DESCRIPTION OF WELL AND LEASE</b>		Federal	
Lease Name <b>New Mexico Federal N</b>	Well No. <b>3E</b>	Pool Name, Including Formation <b>Basin Dakota Gas</b>	Lease No. <b>NM047</b>
Location Unit Letter <b>D</b> : <b>1000</b> Feet From The <b>North</b> Line and <b>1120</b> Feet From The <b>West</b> Line Section <b>18</b> Township <b>30-N</b> Range <b>12-W</b> , <b>NMPM</b> , <b>San Juan</b> County			

<b>III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS</b>		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	<b>Gary Energy Corp.</b>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>80112</b>		
<b>Southern Union Gathering Co.</b>		<b>Fidelity Tower, Dallas, Tx. 75201</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>D</b>	Sec. <b>18</b>	Twp. <b>30N</b>
		Rge. <b>12W</b>	Is gas actually connected? <b>Yes</b>
			When? <b>4-23-81</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

<b>IV. COMPLETION DATA</b>		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						
<b>TUBING, CASING AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

<b>V. TEST DATA AND REQUEST FOR ALLOWABLE</b>		
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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

<b>GAS WELL</b>		OIL CON. DIV.	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

<b>VI. OPERATOR CERTIFICATE OF COMPLIANCE</b>	
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 <b>Maria L. Perez</b>	Accountant
Printed Name <b>7-27-89</b>	Title <b>915-688-0375</b>
Date	Telephone No.

<b>OIL CONSERVATION DIVISION</b>	
Date Approved <b>AUG 02 1989</b>	
By <b>Original Signed by FRANK T. CHAVEZ</b>	
Title <b>SUPERVISOR DISTRICT III</b>	

**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.

