

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

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

Operator ORyx ENERGY Co.	Well API No. 30-025-27940
Address P.O. Box 2880 Dallas, Texas 75221-2880	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain)	

If change of operator give name and address of previous operator Cancel East Lusk Wellcamp

II. DESCRIPTION OF WELL AND LEASE Lease Name JENNINGS - A. FEDERAL					Well No. 4	Pool Name, including Formation WIDEAT (DELAWARE)	Kind of Lease State (Federal) or Fee Federal	Lease No. NMNM 025492
Location Unit Letter J : 1650 Feet From The South Line and 1980 Feet From The EAST Line Section 15 Township 19-S Range 32-E , NMPM , Lea County								

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil or Condensate TEXAS New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas CONOCO INC.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 951063 DALLAS, TEXAS 75395
If well produces oil or liquids, give location of tanks.	Unit 15
Sec. 15	Twp. 19S
Rge. 32E	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	
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well _____ New Well _____ Workover _____ Deepen _____ Plug Back <input checked="" type="checkbox"/> Same Res'v _____ Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 12-5-91	Date Compl. Ready to Prod. 12-17-91
Total Depth 10900	P.B.T.D. 10630
Elevations (DF, RKB, RT, GR, etc.) 3624	Name of Producing Formation Delaware
Top Oil/Gas Pay	Tubing Depth
Perforations 6521-67	Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
17 1/2	13 3/8
12 1/4	8 5/8
7 7/8	5 1/2
	2 7/8
	DEPTH SET
	454
	4400
	10900
	6689
	SACKS CEMENT
	375 SK
	1275 SK
	2900 SK

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 12-17-91	Date of Test 1-9-92
Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 hrs.	Tubing Pressure
Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 22
Water - Bbls. 66	Gas - MCF 41

GAS WELL	
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

VI. OPERATOR CERTIFICATION OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that this information given above is true and complete to the best of my knowledge and belief.	
Signature Don Aldridge	Title Production Analyst
Printed Name Don Aldridge	Telephone No. 214-715-4827
Date 8-3-92	

OIL CONSERVATION DIVISION	
AUG 07 '92	
Date Approved	
By ORIGINAL SIGNED BY JERRY SEXTON	DISTRICT I SUPERVISOR
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.

RECEIVED

AUG 08 1992

COJ CODED BY WLF