

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

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

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

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  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Oryx Energy Company</b>		Well API No. <b>27940</b> <b>30-025-29940</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"/>	<input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	<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 79702</b>		

II. DESCRIPTION OF WELL AND LEASE		Federal
Lease Name <b>Jennings A Federal</b>	Well No. <b>4</b>	Pool Name, including Formation <b>Lusk Wolfcamp, East</b>
Location <b>Unit Letter J : 150 Feet From The South Line and 1980 Feet From The East Line</b>	Kind of Lease <b>State, Federal or Fee</b>	Lease No. <b>NM025497</b>
<b>Section 15 Township 19-</b>	<b>Range 32-E, NMPM, Lea</b>	<b>County</b>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> <b>The Permian Corporation</b>	or Condensate <input type="checkbox"/> Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1183, Houston, Texas 77001</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>	or Dry Gas <input type="checkbox"/> Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. <b>Unit J</b>	Sec. <b>15</b> Twp. <b>19-S</b> Rge. <b>32-E</b>
Is gas actually connected? <b>When ?</b>	
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)	<input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v
Date Spudded	Date Completed <b>apl. Ready to Prod.</b>
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <b>Total Depth</b>
Perforations	<b>Tubing Depth</b>
<b>Depth Casing Shoe</b>	
TUBING, CASING AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
	DEPTH SET
	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE	
(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
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Pressure
	Casing Pressure
	Choke Size
	Water - Bbls.
	Gas- MCF

GAS WELL	
Actual Prod. Test - MCF/D	Length of Test
Testing Method (pilot, back pr.)	Pressure (Shut-in)
	Bbls. Condensate/MMCF
	Gravity of Condensate
	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 <b>Maria L. Perez</b>	Accountant <b>915-688-0375</b>
Printed Name <b>4-25-89</b>	Title <b>Telephone No.</b>
Date	

OIL CONSERVATION DIVISION

Date Approved **JUN 19 1989**  
By **ORIGINAL SIGNED BY JERRY SEXTON**  
Title **DISTRICT I SUPERVISOR**

- 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.