

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**

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

I.

Operator <u>Oryx Energy Company</u>	Well API No.
Address <u>P. O. Box 1861, Midland, Texas 79702</u>	
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"/> TA'd
If change of operator give name and address of previous operator <u>Sun Exploration & Production Co., P. O. Box 1861, Midland, Texas 79702</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Upton</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Wildcat</u>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>D</u> : <u>330</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>25</u> Township <u>18-N</u> Range <u>26-E</u> , <u>NMPM</u> , <u>San Miguel</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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.	Unit Sec. Twp. Rge. Is gas actually connected? 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					