

RECEIVED

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

MAY 12 '89

|             |     |  |
|-------------|-----|--|
| Santa Fe    |     |  |
| File        |     |  |
| Transporter | Oil |  |
| Operator    | Gas |  |

O. C. D.

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

ARTESIA: ~~0000~~

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<br>Oryx Energy Company  | Well API No.<br>30-015-25936  |
| Address<br>P. O. Box 1861, Midland, Texas 79702  |   |
| 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<br>Sun Exploration & Production Co., P. O. Box 1861, Midland, Texas 79702 |   |

**II. DESCRIPTION OF WELL AND LEASE**

|   |                |  |  |                       |
|---|----------------|--|--|-----------------------|
| Lease Name<br>Mobil 22 Federal  | Well No.<br>10 | Pool Name, including Formation<br>Brushy Draw-Delaware | Kind of Lease<br>State, Federal or Fee | Lease No.<br>NM-22634 |
| Location<br>Unit Letter <u>L</u> : <u>1905</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u> Line<br>Section <u>22</u> Township <u>26-S</u> Range <u>29-E</u> , <u>NMPM</u> , <u>Eddy</u> County |                |  |  |                       |

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|  |   |      |                   |
|--|---|------|-------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Navajo Refining Co.  | Address (Give address to which approved copy of this form is to be sent)<br>Drawer 159, Artesia, N.M. 88210       |      |                   |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Conoco, Inc. | Address (Give address to which approved copy of this form is to be sent)<br>Rt. 12, Box 2803, Odessa, Texas 79763 |      |                   |
| If well produces oil or liquids, give location of tanks.   | Unit  | Sec. | When ?<br>8-24-88 |

**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.     |            |            |
| 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 |            |            |
|  |                             |                   |                 |          |        |              |            |            |

**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  |

**GAS WELL**

|                                  |                           |                           |                                      |
|----------------------------------|---------------------------|---------------------------|--------------------------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate <u>6.33-89</u> |
| 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.

Maria L. Perez  
Signature  
Maria L. Perez  
Printed Name  
4-25-89  
Date

Accountant  
Title  
915-688-0375  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved JUN 22 1989

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT I?

**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.