O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

e Instructio

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

	DISTRICT II P.O. Drawer DD, Artesia, NM 88210	
1	DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	`

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		TO TRA	NSF	PORT	OII	AND NAT	TURAL GA	AS				
Operator		. 🔾	101	<u> </u>	<u> </u>			Well A	Pl No.			
Oryx Energy Company									30 <u>-039-</u> 2	3185		
Address												
P. O. Box 1861, Midla	and, Te	xas 7	9702	2		<del></del>		- ,			<del></del>	
Reason(s) for Filing (Check proper box)			_	_			x (Please expla					
New Well	0"	Change in		-		Effective 3-1-90						
Recompletion		Oil Dry Gas Casinghead Gas Condensate X					Change condensate transporter					
Change in Operator	Camignea	d Cas	Coao	EAMLE	<u> </u>							
and address of previous operator							<del> </del>					
II. DESCRIPTION OF WELL	AND LEA	ASE.					•			Fee		
Lease Name	·E·D DD	Well No.	Pool	Name, I	ocludia	ng Formation			f Lease		ase No.	
ЕТ.		1	1	Gavi1	an	(Grnhorn	-Granero	State,	Federal or Fed	DAKOT	CNMA 32	
Location						D	akota)					
Unit LetterC	. 1	100	Feet	From Th	e No	orth Lin	and16	<u>000</u> Fe	et From The	West	Line	
									L		C	
Section 28 Townshi	p 25N	<u> </u>	Rang	ge	<u>2W</u>	, N	MPM, R	lio Arri	ьа		County	
W PERCHAPTON OF TRAN	CDADTE	n of o	TT A	NID NA	וו דיים	DAT CAS						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPURIE	or Conder		ר <u>יצ</u> ו אנו מנוז	X I UI	Address (Giv	e address to wi	hich approved	copy of this fo	orm is to be se	nt)	
	Ш	•• •••		<u>A</u>		1					499-4289	
Meridian Oil, Inc. Name of Authorized Transporter of Casin	ghead Gas	chead Gas or Dry Gas					e address to w	hich approved	copy of this fo	orm is to be se	nt)	
El Paso Natural Gas (	•					P. 0.	Box 990,	Farmin	gton, N.	M. 84799	9	
If well produces oil or liquids,	Unit	Sec.	Twp	.	Rge.	is gas actuali	y connected?	When	?			
give location of tanks.	1	l		_1_								
If this production is commingled with that	from any oth	per lease or	pool,	give com	mingl	ing order numi	ber:					
IV. COMPLETION DATA								<del></del>		Come Basin	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	l	Gas W	ell	New Well	Workover	Deepen	i Ling Rack	Same Res'v	Dili Kesv	
Date Spudded		pi. Ready to	Prod			Total Depth	L	L	P.B.T.D.	L	<u> </u>	
Late Spunded	Date Com	pr. Rossy u	71.00	-								
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing F	omati	ioa		Top Oil/Gas	Pay		Tubing Dep	th		
Lievagous (D1, 1415), 111, O11, 110.												
Perforations	<del></del>								Depth Casin	Depth Casing Shoe		
									<u> </u>			
					ND	CEMENTING RECORD			2.000 051517			
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
									<del> </del>			
							<del></del>		<del> </del>			
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABL	E				<del></del>	<u> </u>		···	
OIL WELL (Test must be after	recovery of t	otal volume	of loa	ad oil and	i must	be equal to or	exceed top all	owable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of To					Producing M	ethod (Fiow, p	ump, gas lift, e	etc.)			
						pr.cq.		37	<del></del>			
Length of Test	Tubing Pr	essure				Casing Press	ure"		Cheke Size			
									MCF		<u></u>	
Actual Prod. During Test	Oil - Bbls					Water - Bull	FEBS	n 189 <b>0</b>	WICE			
							I LILIN	· · · · · · · · · · · · · · · · · · ·		1		
GAS WELL						(	211 (10)	<u>M. DN</u>	1	<del></del>		
Actual Prod. Test - MCF/D	Length of Test					Bbis. Condensate/MMCF			Gravity of Condensate			
	4	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Lubing Pi	ressure (Shu	п-т)			Casing Press	eic (mimail)		000 000			
						<b>√</b>		<del></del>				
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION						
I hereby certify that the rules and regu						FEB 2 0 1990						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.												
						Date	e Approve			1		
Maria I - Kosx								3.	ル), E	Thomas /		
Signature						SUPERVISOR DISTRICT #3						
Maria L. Perez	Pr	oratio			<u>t </u>			SUPE	nviouk i	HICT ו פוע	<b>F</b> 3	
Printed Name 2-16-90		915-688	Tisl 8-03			Title	)					
Z-16-90	· · · · · · · · · · · · · · · · · · ·		lenhor									

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.