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Appropriate District Office
DISTRICT P.O. Box 1980, Hobbs, NM 88240

.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

DISTRICT III

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

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZATION  TO TRANSPORT OIL AND NATURAL GAS									
Operator	<u></u>	O ITAN	SPORT OF	L AND NA	TORALG		API No.			
Oryx Energy Company						30-	039-2360	05		
Address 10(1 W/ 11	1 m	70	700							
P. O. Box 1861, Midl Reason(s) for Filing (Check proper box)	and, Te	xas /9	702	Oth	et (Please exp	lain)				
New Well	•	Change in Tr	asporter of:			,				
Recompletion	Oil		y Gas	То А	mend C-1	O4 Dato	1 /25_8	0		
Change in Operator X	Caringhead	Gas X Co	ondensate	- 10 h	unena c-i	104 Date	1 4-23-0			
f change of operator give name and address of previous operator Sun	Explor	ation &	Producti	on Co.,	P. O. Bo	x 1861,	Midland	, Texas	79702	
I. DESCRIPTION OF WELL	AND LEA	SE			•					
Lease Name			ol Name, Includ		_		of Lease		ase No.	
Mother Lode "A" (BPO)		2 0		-	-66 PI	fic State,	Federal or Fe	Fee		
Location	10				1.0	50				
Unit Letter K	:18	50 Fe	et From The	South Lie	e and18	50Fe	et From The	West	Line	
Section 3 Township	24N	Ra	inge 2W	, N	MPM, Ri	o Arriba			County	
								.:		
III DESIGNATION OF TRAN	SPORTER	R OF OIL	AND NATU	IRAL GAS					-1	
	$j \rightarrow$									
V. COMPLETION DALL		<del></del>	·	<b>~</b>	•					
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		. Ready to Pr		Total Depth	<u> </u>	.l	P.B.T.D.	<u> </u>	_l	
•	·	•								
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe			
renorations							Depth Casin	g Snoe		
	77	IRING C	ASING AND	CEMENTI	NG RECO	2D	<u> </u>			
HOLE SIZE		ING & TUBI		DEPTH SET			1 .	SACKS CEMENT		
			<del> </del>	ļ	<u> </u>					
V. TEST DATA AND REQUES	T FOD A	LLOWAR		<u></u>			<u> </u>		<del></del>	
•				t he equal to o	r exceed ton al	lowable for thi	denth or he	for full 24 hou	rs.)	
OIL WELL (Test must be after recovery of total volume of load oil and must  Date First New Oil Run To Tank  Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
								-		
Length of Test	Tubing Pres	sure		Casing Press	ure	טו	CE CE			
Actual Prod. During Test	uring Test   Oil - Bbls.		Water - Bbis		<u> </u>		Gas-MCF		<del>-  U </del>	
Actual From During Test	Oil - Bois.			W. 200.	-		JUL1	3 1989		
GAS WELL	J		7. 192		<del></del>		)	N DI	,	
Actual Prod. Test - MCF/D	Length of T	esi	<del></del>	Bbis. Conde	nsate/MMCF		Gravity of		/	
				1			J. Dis	1, 3		
Testing Method (puot, back pr.)	Tubing Pres	sure (Shut-in		Casing Press	sure (Shut-in)	·····	Choke Size		,	
			······································		<del></del>			•	<u>'</u>	
VI. OPERATOR CERTIFIC	ATE OF	COMPL	IANCE			MOEDV	ATION	טואופוכ	)NI	
I hereby certify that the rules and regulations of the Oil Conservation				1	OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.										
	)	<del></del>		Date	e Approvi	eq	_JUL_1	3 1989		
Maria Z- Pe	25					ス・	ر ا	1 /	•	
Signature	5			By_				- Care		
Maria L. Perez Printed Name	F	Accounta T	int itle	Tal	•	SUPE	KAISION	DISTRIC	T#3	
7/6/89	ç	915-688-	0375	Title	;					
Date		Teleph	one No.	11						

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.