Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1986; 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

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

OIL CONSERVATION DIVISION P.O. Box 2088

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	O TRANS	PORT OIL	AND NAT	TURAL GA	S		<u> </u>			
Operator	Well										
Oryx Energy Company						30-039-23853					
Address											
P. O. Box 1861, Midl Reason(s) for Filing (Check proper box)	and, Te	xas 797	02	Othe	x (Please expla	in)					
New Well		Change in Tras	smorter of:	L) Our	a (a sense extan	,					
Recompletion	Oil `	Dŋ									
Change in Operator	Casinghead		adenmite	To Ar	nend C-10	04 Dated	i 4-25-8	19			
If change of operator give name			Production	on Co . 1	P. O. Box	1861.	Midland	. Texas	79702		
and address of previous operator Dull Deptotation of Floridation											
II. DESCRIPTION OF WELL	AND LEA							eral .			
Lease Name			Name, Includi	ng Formation	566 PA		of Lease Federal or Fe		3039		
Full Sail "B" (BPO)		3			766 PM			1112			
Location	1.61	E ()	•		1050			Wort			
Unit LetterF	:16	Fee	t From The	North Line	and	Fe	et From The .	WESL	Line		
Section 29 Township	25-N	Rai	nge 2-W	N/A	MPM, Rio	Arriba			County		
Section 29 Township	, 23 K		ige - ·	, 140	711 174						
If this production is commingled with that (from any other	r lease or nool	. give comming	ling order number	per:						
IV. COMPLETION DATA	any our	. rese or poor	, e					· · · · · · · · · · · · · · · · · · ·			
11. COM 22110. 21111		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		j	i	İ				<u></u>	1		
Date Spudded	Date Compl	. Ready to Pro	d.	Total Depth			P.B.T.D.				
				- 0'1'0' Y							
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Forma	tion	Top Oil/Gas Pay			Tubing Depth				
Designations				<u> </u>			Depth Casis	ng Shoe			
Perforations Depth Casing Shoe											
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE				DEPTH SET			SACKS CEMENT				
		CASING & TUBING SIZE									
							<u> </u>				
							ļ				
	T FOR A	LLOWAN		<u>.l</u> .			<u> </u>				
V. TEST DATA AND REQUES OIL WELL (Test must be after n	of FOR A	LLUWAB	Lit. and oil and must	the equal to or	exceed top allo	wable for this	s deoth or be	for full 24 hou	rs.) , , , , , , , , , , , , , , , , , , ,		
OIL WELL (Test must be after n Date First New Oil Run To Tank	Date of Test		ALL OIL WALL MILES	Producing Me	ethod (Fiow, pu	mp, gas lift, e	uc.)	12			
Date I like I to work I to I make	LINK IACA ON VOR 10 1977										
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
							(A) J				
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.			GON. DIV.				
L	<u> </u>				 		1 37005	<u>เมรา. 3</u>			
GAS WELL											
Actual Prod. Test - MCF/D	Length of T	est		Bbis. Condensate/MMCF			Gravity of Condensate				
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
Testing Method (pilot, back pr.)	Tubing Pres	isure (Shut-in)		Casing Press	nie (Sum-in)	•	Choice Size	,			
L	<u> </u>			-\			<u> </u>	·			
VI. OPERATOR CERTIFIC				(OIL CON	ISERV	ATION	DIVISIO	NC		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					J J J.						
is true and complete to the best of my knowledge and belief.					Annrovo	d	. #11	1 3 1989)		
11 017				Dale	Approve	u	JUL	A ~			
Marin I Pers						7	رنس	Chum			
Signature Marris I Porce									TOT # 12		
Maria L. Perez Accountant Printed Name Title				Tale		SUI	PEKVISI	on distr	TOTA		
7/6/89		915-688-		Title							
Date		Telepho	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.