

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Oryx Energy Company ✓		RECEIVED MAY 10 1991	Well API No. 30-015-26359
Address P. O. Box 1861, Midland, TX 79702			
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> ARTESIA OFFICE Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Test allowable to move 500 bbls. of Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> condensate prior to filing C-122 4-pt test			
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

Lease Name Delta Wing Federal	Well No. 2	Pool Name, Including Formation Grayburg-Morrow	Kind of Lease State, Federal or Fee	Lease No. LC-028731-B
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>2080</u> Feet From The <u>West</u> Line Section <u>11</u> Township <u>17-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 type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Enron Oil Trading and Transportation	Address (Give address to which approved copy of this form is to be sent) Box 1188, Houston, Texas 77251-1188					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1188, Houston, Texas 77251-1188					
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>15</u>	Twp. <u>17-S</u>	Rge. <u>29-E</u>	Is gas actually connected? Yes	When? 5-2-91

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
		X	X					
Date Spudded 1-9-91	Date Compl. Ready to Prod. 3-1-91		Total Depth 10,910'		P.B.T.D. 10,910'			
Elevations (DF, RKB, RT, GR, etc.) 3625.4' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 10,762'		Tubing Depth 2-3/8" @ 10,582'			
Perforations 10,762' - 10,806'				Depth Casing Shoe 10,910'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		414'		685 sxs TOC Surf			
11"	8 5/8"		4500'		1940 sxs TOC Surf			
7 7/8"	7"		9380'		400 sxs TOC 8900' Calc			
6 1/8"	4 1/2" Cmt. Liner		9189'-10,910'		250 sxs TOC 9026'			

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
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.

Signature Maria L. Perez
Maria L. Perez Proration Analyst
Printed Name Title
5-9-91 915/688-0375
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 10 1991
By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.