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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

RECEIVED

MAY 21 1991

O. C. D.
ARTESIA, OFFICE

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

Operator <u>Oryx Energy Company</u>	Well API No. <u>30-015-26359</u>
Address <u>P. O. Box 1861, Midland, TX 79702</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change of operator give name and address of previous operator	

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Delta Wing Federal</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Grayburg-Morrow</u>	Kind of Lease State, Federal or Fee	Lease No. <u>LC-028731-B</u>
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				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Enron Oil Trading and Transportation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1188, Houston, Texas 77251-1188</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Transwestern Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1188, Houston, Texas 77251-1188</u>
Well produces oil or liquids, or location of tanks. <u>N</u>	Unit <u>15</u> Sec. <u>17-S</u> Twp. <u>29-E</u> Rge. <u>29-E</u>
Is gas actually connected? <u>Yes</u>	When? <u>5-2-91</u>

If his production is commingled with that from any other lease or pool, give commingling order number.

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<u>X</u>	<u>X</u>					
Date Spudded <u>1-9-91</u>	Date Compl. Ready to Prod. <u>3-1-91</u>	Total Depth <u>10,910'</u>	P.B.T.D. <u>10,910'</u>					
Productions (DF, RKB, RT, GR, etc.) <u>3625.4' GR</u>	Name of Producing Formation <u>Morrow</u>	Top Oil/Gas Pay <u>10,762'</u>	Tubing Depth <u>2-3/8" @ 10,682'</u>					
Productions <u>10,762' - 10,806'</u>			Depth Casing Shoe <u>10,910'</u>					

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>414'</u>	<u>685 sxs TOC Surf.</u>
<u>11"</u>	<u>8 5/8"</u>	<u>4500'</u>	<u>1940 sxs TOC Surf.</u>
<u>7 7/8"</u>	<u>7"</u>	<u>9380'</u>	<u>400 sxs TOC 8900' Calc.</u>
<u>6 1/8"</u>	<u>4 1/2" cmt. liner</u>	<u>9189'-10,910'</u>	<u>250 sxs TOC 9025'</u>

TEST DATA AND REQUEST FOR ALLOWABLE

IL 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.) <u>Post ID-2 6-21-91 comp & RKB</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

IAS WELL

Actual Prod. Test - MCF/D <u>AOF 5.533</u>	Length of Test <u>4-pt. Calc 24 hr</u>	Bbls. Condensate/MMCF <u>9</u>	Gravity of Condensate <u>55.8°</u>
String Method (pilot, back pr.) <u>Back pr.</u>	Tubing Pressure (Shut-in) <u>2370#</u>	Casing Pressure (Shut-in) <u>Pkr</u>	Choke Size <u>18/64"</u>

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

OIL CONSERVATION DIVISION

Date Approved JUN 14 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.