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

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

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

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

NOV 21 1990

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Oryx Energy Company		Well API No. 30-015-26223
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 type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Well Shut-in Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Waiting one pipeline connection		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Scoggins Draw State "C" Com.	Well No. 1	Pool Name, Including Formation Und. Red Lake Atoka-Morrow	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. E-3635
Location Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line Section 16 Township 18-S Range 27-E, NMPM, Eddy 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"/> None yet	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Phillips Pet.	Address (Give address to which approved copy of this form is to be sent) 4001 Pembroke, Dallas, Tx. 75261	
If well produces oil or liquids, give location of tanks.	Unit J Sec. 1 Twp. 18-S Rge. 27-E	Is gas actually connected? <input checked="" type="checkbox"/> When? 6-21-90

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 2-12-90	Date Compl. Ready to Prod. 3-24-90	Total Depth 9910'		P.B.T.D. 9818'				
Elevations (DF, RKB, RT, GR, etc.) 3432.8' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 9542		Tubing Depth 23 3/4" 9478				
Perforations 9542'-9593'				Depth Casing Shoe 9478'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		1850'		1080 sxs			
7 7/8"	4 1/2"		9910'		1375 sxs			
	3 3/8"		7428'					

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 790	Length of Test 24 hr. Calc.	Bbls. Condensate/MMCF 0	Gravity of Condensate None
Testing Method (prior, back pr.) back pr	Tubing Pressure (Shut-in) 390 psi	Casing Pressure (Shut-in) 475 psi	Choke Size 18/64"

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 Perez Proration Analyst
Printed Name Maria Perez Title
Date 4-1-90 Telephone No. 915/688-0375

OIL CONSERVATION DIVISION

Date Approved JUL 16 1990

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.