

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Santa Fe			
File			
Transporter	Oil		
Operator	Gas		

OIL CONSERVATION DIVISION

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

MAY 12 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

Submit 5 Copies
Appropriate District
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

I. Operator Oryx Energy Company Well API No. 30-015-10386
Address P. O. Box 1861, Midland, Texas 79702
Reason(s) for Filing (Check proper box) Other (Please explain)
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Operator Casinghead Gas Condensate
If change of operator give name and address of previous operator Sun Exploration & Production Co., P. O. Box 1861, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Bright Federal Gas Com.</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Indian Basin Upper</u>	Kind of Lease State, Federal or Fee	Lease No. <u>NM028347</u>
Location Penn. (Pro Gas) Unit Letter <u>G</u> : <u>1650.4</u> Feet From The <u>North</u> Line and <u>1681.6</u> Feet From The <u>East</u> Line Section <u>21</u> Township <u>21-S</u> Range <u>23-E</u> , <u>NMPM</u> , <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>Permian</u>	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>Box 3119 Midland, Texas 79702</u>
Name of Authorized Transporter of Casinghead Gas <u>Marathon Oil Co.</u>	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1324 Artesia, New Mexico 88210</u>
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>21</u> Twp. <u>21S</u> Rge. <u>23E</u>	Is gas actually connected? <u>Yes</u> When? <u>Dec. '65</u>

If this production is commingled with that from any other leases 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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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 <u>6.23-89</u>
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.

Maria L. Perez
Signature
Maria L. Perez
Printed Name
4-25-89
Date

Accountant
Title
915-688-0375
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 22 1989
By _____
Title _____

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.