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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

JUL 12 1991

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

Operator Oryx Energy Company		Well API No. ARTESIA, OFFICE 30-015-25654
Address P. O. Box 1861, Midland, TX 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" 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"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lowe State	Well No. 2	Pool Name, Including Formation Indian Basin-Morrow Gas Pool	Kind of Lease State, Federal or Fee	Lease No. E-10170
Location Unit Letter <u>M</u> : <u>330</u> Feet From The <u>West</u> Line and <u>330</u> Feet From The <u>South</u> Line Section <u>36</u> Township <u>21S</u> Range <u>23W</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"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 552, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 552, Midland, TX 79702					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 36	Twp. 21S	Rge. 23E	Is gas actually connected? Yes	When ?

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 12-27-90	Date Compl. Ready to Prod. 2-6-91		Total Depth 9600'		P.B.T.D. 9549'			
Elevations (DF, RKB, RT, GR, etc.) 3851' GL	Name of Producing Formation Morrow		Top Oil/Gas Pay 9483'		Tubing Depth 9388', 2-3/8"			
Perforations 9483'-9496'					Depth Casing Shoe 9595'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	325'	370 sx <i>Port ID-2</i>
12 1/4"	9 5/8"	2000'	650 sx <i>11-1-91</i>
8 3/4"	7"	7415'	200 sx <i>comp Payer</i>
7 "	4-1/2" Liner	7200' - 9595'	450 sx

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 1251	Length of Test 24	Bbls. Condensate/MMCF 3	Gravity of Condensate 55.3 @ 60°
Testing Method (pilot, back pr.) 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.

Jan Stevenson
Signature
Jan Stevenson Proration Analyst
Printed Name
7-11-91 (915) 688-0377
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **OCT 29 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.