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

DISTRICT II
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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

RECEIVED

NOV 13 '90

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Oryx Energy Company		Well APIN# 30-015-26460
Address P. O. Box 1861, Midland, TX 79702		
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"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pardue Farms	Well No. 2	Pool Name, Including Formation Loving, East-Delaware	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter H	: 1950	Feet From The North Line and 660	Feet From The East	Line
Section 10	Township 23-S	Range 28-E	NMPM	Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Pride Pipeline Limited Partnership	Box 2436, Abilene, Texas 79604					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Transwestern Pipeline Co.	Box 1188, Houston, Texas 77251					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 10	Twp. 23-S	Rge. 28-E	Is gas actually connected? No	When? Waiting on pumping unit installation.

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9-26-90	Date Compl. Ready to Prod. 10-6-90	Total Depth 6270	P.B.T.D. 6250					
Elevations (DF, RKB, RT, GR, etc.) 2998.8' GR	Name of Producing Formation Brushy Canyon-Delaware	Top Oil/Gas Pay 6072	Tubing Depth 2-7/8" @ 6030					
Perforations 6072'-6160'			Depth Casing Shoe 6270'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8 5/8"	525'	300 sxs to surf.					
7 7/8"	5 1/2"	6270'	1550 sxs to surf.					
	2 7/8"	6030	PAT ID-2 11-23-90 comp & BY					

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 10-16-90	Date of Test 10-20-90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 300#	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 120	Water - Bbls. 184	Gas - MCF NGT

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
Proration Analyst
Printed Name
11-9-90
Date
915/688-0375
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 19 1991

By ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II
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.
- 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.