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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

RECEIVED

MAR 15 1991

O. C. D.  
ARTESIA, OFFICE

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 API No. 30-015-26563
Address P. O. Box 1861, Midland, Texas 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"/> 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 _____	
CASINGHEAD GAS MUST NOT BE FLARED AFTER 4/21/91 UNLESS AN EXCEPTION TO RULE 306 IS OBTAINED	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pardue Farms	Well No. 5	Pool Name, Including Formation East Loving-Delaware	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter J : 1980 Feet From The South Line and 1980 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"/> Pride Pipeline Limited Partnership	Address (Give address to which approved copy of this form is to be sent) Box 2436, Abilene, Texas 79604
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Not assigned yet	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When ? H   10   23-S   28-E   No

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 1-10-91	Date Compl. Ready to Prod. 1-20-91	Total Depth 6215'	P.B.T.D. 6144'					
Elevations (DF, RKB, RT, GR, etc.) 2997.7' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 6041	Tubing Depth 5982'					
Perforations 6041'-6118'	Depth Casing Shoe 6215'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	501'	400 sxs C					
7 7/8"	5 1/2"	6214'	1150 sxs Lite & H					
			Post ID-2 3-29-91 Camp & BIR					

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 2-1-91	Date of Test 2-12-91	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 750#	Casing Pressure	Choke Size 14/64"
Actual Prod. During Test	Oil - Bbls. 195	Water - Bbls. 12	Gas - MCF 108

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  
Printed Name  
9-12-91  
Title  
(915) 688-0375  
Proration Analyst

Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 27 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.