Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

APR 1 8 1991

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

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

O. C. D. ARTESIA, OFFICE

DISTRICT III 1000 Rio Brizos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

la		J I HAD	<u> 1256</u>	HI OIL	ANU NA	I UHAL GA	_ : 					
Oryx Energy Company						Well API No.						
Address							3	0-015-2658	-015-26582			
P. O. Box 1861,	Midland,	Texas	79	702								
Reason(s) for Filing (Check proper box)					Oth	et (Please expl	ain)					
New Weil	c	hange in T	Tabspor	ter of:		(0	,			1		
Recompletion	Oil	_	Dry Gas	_						j		
Change in Operator	Caninghead (Condens							1		
f change of operator give name												
and address of previous operator	·											
IL DESCRIPTION OF WELL	AND LEAS											
Lesse Name Well No. Pool Name, Including						- I _			of Lease No.			
Pecos Irrigation Com	pany "A"	2	Lov	ing, E	<u>ast-Dela</u>	ware	State	, Federal or Fee	Fee			
Location	2210			N.	41-	1.0	200					
Unit LetterG	:2310	I	Feet Fro	on The	orth Lin	e and	9 <u>80 </u>	eet From The	East	Line		
Section 10 Township 23-S Range 28-E					, NMPM,			Eddy County				
Coccos 10 10was	<u> </u>		range .		, 170	ATLIAN		Ludy		County		
III. DESIGNATION OF TRA	NSPORTER	OF OII	L ANI	NATU	RAL GAS							
Name of Authorized Transporter of Oil	X	r Condens	etc		Address (Giv	e address to w	hich approve	d copy of this form	1 is to be se	tril)		
Pride Pipeline Limited Partnership					Box 243	6. Abile	ene. IX	79604	79604			
Name of Authorized Transporter of Casinghead Gas					1			d copy of this form	copy of this form is to be sent)			
Transwestern Pipeline Company					, , , , , , , , , , , , , , , , , , , 			X 77251				
If well produces oil or liquids, give location of tanks.	Unit S		Γwp.	Rge.	1 -	y connected?	Whe	_ :				
			<u> 23S </u>	128E	<u> Yes</u>			4-11-91				
If this production is commingled with the IV. COMPLETION DATA	t from any other	lease or po	ool, give	comming	ing order num		2-84					
IV. COMILETION DATA		Oil Well	1 6	as Well	New Well	ACT		t No. 97	D'	Diff Design		
Designate Type of Completion		∨ On wen		ST METT	I AEM METT	Workover	Deepen	Plug Back Sa	ime Kes v	Diff Res'v		
Date Spudded	Date Compl.	Ready to E	Prod.		Total Depth	L	.l	P.B.T.D.				
1-21-91	1	1-30-91			6250'				6200'			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
3001.9' GR Delaware					6082'				2-7/8" @5964'			
Perforations					<u> </u>			Depth Casing S	ihoe			
6082'-6116' Delawa	re							6242'				
	TU	TUBING, CASING AND				NG RECOR	D D					
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
12 1/4"		8 5/8"			518'			100 sxs Post 10-2				
7_7/8"		5 1/2"				6242'			1550 sxs 5-3-9/			
	2-7/8"				5964'				some of BK			
V. TEST DATA AND REQUI	ST FOR AL	LOWA	RIF	·	<u>i</u>	 						
OIL WELL (Test must be after				il and must	he equal to or	exceed too allo	owable for th	is depth or be for	full 24 hou	ers.)		
Date First New Oil Run To Tank	T	Date of Test				ethod (Fiow, pe			,			
2-13-91		4-8-91			Pun	nping	. •					
Length of Test	Tubing Press	Tubing Pressure			Casing Pressure			Choke Size	Choke Size			
24 hrs.												
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls. 160				Water - Bbis. 25			Gas- MCF			
	1								177			
GAS WELL								1				
Actual Prod. Test - MCF/D	Leagth of Te	st			Bbis. Conder	mue/MMCF		Gravity of Con	densate			
Testing Method (pitot, back pr.)	Tubing Press	ure (Shut-i	in)		Casing Press	ure (Shut-in)		Choke Size				
VL OPERATOR CERTIFI	CATE OF (COMPI	LIAN	CE		OII	JOED!	ATION D	11/10/0	781		
I hereby certify that the rules and reg	ulations of the O	il Conserva	ation		'		NOEHN	ATION D	14121	אוע		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.								ADD 9 9 1	100			
A ,)					Date	Approve	ed	APR 2 3 1	391			
Marin I Van	,											
Signature					By ORIGINAL SIGNED BY							
Maria L. Perez Proration Analyst					MIKE WILLIAMS							
Printed Name Title					Title SUPERVISOR, DISTRICT 19							
<u>4-17-91</u>	915/	683 <u>-</u> 03								- <u> </u>		
Date		Telep	none N	o.								
				•								

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.