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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

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

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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator ORYX ENERGY COMPANY ✓	Well API No. 30-015-26582
Address P. O. BOX 2880, DALLAS, TEXAS 75221-2880	
Reason(s) for Filing (Check proper box) New Well <input 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"/>	
<input checked="" type="checkbox"/> Other (Please explain) TEST UPDATE FOR INCREASED ALLOWABLE POOL ALLOWABLE INCREASE ALREADY ISSUED	
If change of operator give name and address of previous operator ORYX ENERGY COMPANY, P.O. BOX 2880, DALLAS, TX 75221-2880	

II. DESCRIPTION OF WELL AND LEASE

Lease Name PECOS IRRIGATION CO. 'A'	Well No. 2	Pool Name, Including Formation EAST LOVING - DELAWARE	Kind of Lease State, Federal or Fee FEE	Lease No. FEE
Location Unit Letter <u>G</u> : <u>2310</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>10</u> Township <u>23S</u> Range <u>28E</u> , NMPM, <u>EDDY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil PRIDE PIPELINE COMPANY <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2436 ABILENE, TX 79604					
Name of Authorized Transporter of Casinghead Gas TRANSWESTERN <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BOX 1188, HOUSTON, TX 77251					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 10	Twp. 23S	Rge. 28E	Is gas actually connected? YES	When? 4-11-91
If this production is commingled with that from any other lease or pool, give commingling order number:					PLC-84 ACT PERMIT NO. 97	

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1-21-91	Date Compl. Ready to Prod. 1-30-91		Total Depth 6250'		P.B.T.D. 6200'			
Elevations (D/F, RKB, RT, GR, etc.) 3001.9' GR	Name of Producing Formation BRUSHY CANYON-DELAWARE		Top Oil/Gas Pay 6082'		Tubing Depth 2 7/8 @ 5964'			
Performances 6082'-6116'					Depth Casing Shoe 6242'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		518'		400 SXS C TO SURF			
7 7/8"	5 1/2"		6242'		1550 SXS TO SURF			
	2 7/8"		5964'					

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 02-13-91	Date of Test 07-07-93	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HRS.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 12	Water - Bbls. 0	Gas- MCF 47

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 Peggy Snyder
Printed Name PEGGY SNYDER Title PRORA. ANALYST
Date _____ Telephone No. 214-715-3233

OIL CONSERVATION DIVISION

Date Approved AUG 11 1993
By _____
Title ORIGINAL SIGNED BY
MIKE WILLIAMS
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.