

Submit 5 Copies
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
MAY 12 '89
Santa Fe
File
Transporter
Operator
Oil
Gas

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I. OPERATOR
Operator: Oryx Energy Company
Well API No.: 30-015-24955
Address: P. O. Box 1861, Midland, Texas 79702
Reason(s) for Filing (Check proper box):
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator: Sun Exploration & Production Co., P. O. Box 1861, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE
Lease Name: Mobil 22 Federal Well No.: 1 Pool Name, including Formation: Brushy Draw-Delaware Kind of Lease: Federal Lease No.: NM-22634
Location: Unit Letter P : 330 Feet From The South Line and 330 Feet From The East Line
Section 22 Township 26-S Range 29-E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent): Drawer 159, Artesia, N.M. 88210
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent): Rt. 12, Box 2803 Odessa, Texas 70763
If well produces oil or liquids, give location of tanks: Unit P Sec. 22 Twp. 26S Rge. 20E Is gas actually connected? Yes When? 9-12-84

IV. COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v ☐ Diff Res'v ☐
Date Spudded: _____ Date Compl. Ready to Prod.: _____ Total Depth: _____ P.B.T.D.: _____
Elevations (DF, RKB, RT, GR, etc.): _____ Name of Producing Formation: _____ Top Oil/Gas Pay: _____ Tubing Depth: _____
Perforations: _____ Depth Casing Shoe: _____
TUBING, CASING AND CEMENTING RECORD
HOLE SIZE: _____ CASING & TUBING SIZE: _____ DEPTH SET: _____ SACKS CEMENT: _____

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: _____ Length of Test: _____ Bbls. Condensate/MMCF: _____ Gravity of Condensate: 62.3-89
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.
Maria L. Perez
Signature: _____ Accountant: _____
Printed Name: Maria L. Perez Title: _____
Date: 4-25-89 Telephone No.: 915-688-0375

OIL CONSERVATION DIVISION
Date Approved: JUN 22 1989
By: ORIGINAL SIGNED BY
MIKE WILLIAMS
Title: SUPERVISOR, DISTRICT I

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.