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Appropriate District  
DISTRICT I  
P.O. Box 1981, Santa Fe, NM 87501

Santa Fe					
File					
Oil					
Gas					

State of New Mexico  
Energy, Minerals and Natural Resources Department

RECEIVED

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

MAY 12 '89

DISTRICT II  
P.O. Drawer 111, Artesia, NM 88210

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

C. C. D.  
ARTESIA, OFFICE

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Oryx Energy Company Well API No. 30-015-25104  
Address P. O. Box 1861, Midland, Texas 79702  
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)  
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 Federal  
Lease Name Worth Federal Well No. 2 Pool Name, including Formation Brushy Draw-Delaware Kind of Lease State, Federal or Fee Lease No. 21767  
Location Unit Letter B : 990 Feet From The North Line and 2280 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) P. O. 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) P. O. Box 2197, Houston, Texas 77001  
If well produces oil or liquids, give location of tanks. Unit H Sec. 22 Twp. 26S Rge. 29E Is gas actually connected? ☐ When ?

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 ☐ 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                       
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 Maria L. Perez Accountant                       
Printed Name                      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 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.