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

State of New Mexico
 Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

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

OCT 16 '89

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
 ARTESIA OFFICE

Operator Oryx Energy Company		Well API No. 30-015-25205
Address P. O. Box 1861, Midland, Texas 79702		
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain) Previous gatherer & new gatherer were both called to pick up a load of oil due to oversight from field. This is to include Permian Corporation, Box 1183, Houston, Texas 77251-1183, Sept. 1989 ONLY.
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Recompletion <input type="checkbox"/>		
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE				Federal
Lease Name Exxon Federal	Well No. 2	Pool Name, Including Formation Brushy Draw-Delaware	Kind of Lease State, Federal or Fee	Lease No. NM 44532
Location Unit Letter <u>N</u> : <u>2310</u> Feet From The <u>West</u> Line and <u>330</u> Feet From The <u>South</u> Line Section <u>15</u> Township <u>26-S</u> Range <u>29-E</u> , 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"/>		Address (Give address to which approved copy of this form is to be sent)			
Lantern Petroleum Corporation		P. O. Box 2281, Midland, Texas 79702			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Conoco, Inc.		P. O. Box 2197, Houston, Texas 77001			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 15	Twp. 26-S	Rge. 29-E	Is gas actually connected? When? Yes
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.	
Signature Maria L. Perez	Accountant
Printed Name Maria L. Perez	Title
Date 10-5-89	Telephone No. 915-688-0375

OIL CONSERVATION DIVISION	
Date Approved	OCT 17 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.

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OCT 13 1989
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