	State of New Mexico Energy, Minerals and Natural Resources Department			Form C-10 RECEIVED Form C-10 RECEIVED See Instructions			
mit 5 Copies ropriste District Off Santa Fe	Energy, Mi	nerals and Natural	Resources Department	•		lettem of Page	
Box 1980, Hobbs, NM 88240	THAT CO	NICEDVAT	ON DIVISION			MW 12'89	
Transporter	EL TOTT CO	P.O. Box	2088		MAY 1		
Drawer DD, Artesia, 1861	San	a Fe, New Mexic	co 87504-2088			O. C. Ø,	
TRICT III				TION	(ARTESIA, OFFICE	
O Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	R ALLOWABLE	AND AUTHORIZATIND NATURAL GAS		ARTE.		
	TOTHAL	NSPORT OIL A	IND INTO THE GIVE	Well API			
perator				30-01	5-25579		
Oryx Energy Company V							
P. O. Box 1861, Midla	nd, Texas 797	702	Other (Please explain)				
eason(s) for Filing (Check proper box)		•	Uner (Please explain)				
ew Well	· —	Transporter of: Dry Gas					
ecompletion L	Chairmand Con .	Condensate					
hange in Operator LXI change of operator give name	Sun Evnlorat	ion & Product	ion Co., P. O. F	30x 1861	, Midland,	Texas 79702	
d address of previous operator		201.			_	leral	
L DESCRIPTION OF WELL	AND LEASE	la in in	Tomation	Kind of I		Lease No.	
ease Name	Men vor	Pool Name, Including Brushy Dra			t it as Eag	M16814	
Bedena Federal	2	Brushy bru	w belaware				
Location	330	Feet From The No.	rth Line and 330 ·	Feet	From TheW	est Line	
Unit Letter	_:	Lest Lioth the Tim				County	
Section 18 Townshi	26-S	Range 30-E	, NMPM, Eddy			County	
		**	AT CAS				
II. DESIGNATION OF TRAN	ISPORTER OF O	IL AND NATUR	Address (Give address to which	h approved co	py of this form is	so be sent)	
Name of Authorized Transporter of Oil	<u> </u>		Drawer 159 Art	esia. No	w Mexico.	88210	
Navajo Refining Name of Authorized Transporter of Casin	ghead Gas	or Dry Gas	Address (Give address to which	h approved c	opy of this form is	to be sent)	
Number of Administration 1.				When ?			
If well produces oil or liquids,	Unit Sec.	Twp. Rgc. 26 1 30	Is gas actually connected?	Attent:			
give location of tanks.	1 - 1		og ogler number.				
If this production is commingled with the	t from any other lease o	r poor, give comminging				·	
IV. COMPLETION DATA	Oil We	li Gas Well	New Well Workover	Deepen	Plug Back Same	Res'v Diff Res'v	
Designate Type of Completion	1 - (X) j				P.B.T.D.		
Date Spudded	Date Compi. Ready	to Prod.	Total Depth		P.B.1-D.		
	Name of Producing Formation		Top Oil/Gas Pay	op Oil/Gas Pay		Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	, RT, GR, atc.)						
Perforations					Depth Casing Sho	×)	
			THE PECON				
	TUBING, CASING AND		DEPTH SET	EMENTING RECORD		SACKS CEMENT	
HOLE SIZE	CASING &	TUBING SIZE	DEPTH SET				
					1,		
V. TEST DATA AND REQU	EST FOR ALLO	WABLE	t and an area of top offe	mable for thi	s depth or be for fi	ull 24 hours.)	
OIL WELL (Test must be after	er recovery of total voice	me of load oil and mus	t be equal to or exceed top allo Producing Method (Fiow, page 1)	ump, gas lift, e	uc.)		
Date First New Oil Run To Tank	Date of Test						
	Tubing Pressure		Casing Pressure		Choke Size		
Length of Test	Tubing Treasure				Gas- MCF		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.				
			1			P 1 1 2	
GAS WELL			Bbis. Condensate/MMCF		Gravity of Con-	1021 + U)	
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MINICF		Thanh.		
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Testing Method (pilot, back pr.)	Luding Pressure (J1114-14)			1.1		
	TO A TITLE OF CO	ADI IANCE			/ATION D	1/101081	
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION			
District have been complied with	and that the information	u Sinen moone		111M 9 9 1090			
is true and complete to the best of	my knowledge and beli	ef.	Date Approv	Date Approved JUN 2 2 1989			
α β	()		11		CIONED D	,	
Illamo Z.	un Z. ters			By ORIGINAL SIGNED BY MIKE WILLIAMS			
Signature Maria L. Perez		Accountant	11 '	SUPERVISOR, DISTRICT IF			
Maria L. Perez Printed Name		Title	Title		, = 0 1 111		
4-25-89	915-6	88-0375 Telephone No.	-			-	
Date		acceptance and	11				

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.