Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	OTRA	NSP	ORT OIL	AND NAT	URAL GA	<u>s</u>				
Operator						Well API No.					
Oryx Energy Company						30-039-23138					
Address											
P. O. Box 1861, Midla	and, Te	xas_	7 <u>9</u> 70	12	Ot.	(Please expla	2-3				
Reason(s) for Filing (Check proper box)	_		_		Une Othe	r (Piease expia	un)				
New Well		Change in	-								
Recompletion Cil Dry Gas To Amend C-104 Dated 4-25-89											
Change in Operator	Casinghead			ensate X							
f change of operator give name address of previous operator Sun	Explora	tion 8	Pr	oduction	Co. P	0. Box	1861.	Midland.	Texas 7	9702	
					<u> </u>						
I. DESCRIPTION OF WELL A				of Lease No.							
Lease Name	Well No. Pool Name, Including Formation						Rind to Lond				
Janet "A"		2	Ga	vilan (G	rnnorn-C	IIIIOI II-GI alie103			<u> </u>		
Location Dakota)											
Unit Letter \underline{I} : 1850 Feet From The South Line and $\underline{790}$ Feet From The \underline{East} Line										Line	
				_				• • •		Country	
Section 21 Township 25-N Range 2-W , NMPM, Rio Arriba County											
III. DESIGNATION OF TRANS				ND NATUL	Address (City	address to w	hich anarmy	d come of this f	orm is to be se	nt)	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Giant Mering Company						P. O. Box 9156, Phoenix, Arizona 85068 Address (Give address to which approved copy of this form is to we sent)					
LI 1030 NOCOLO						P. O. Box 990, Farmington, N.M. 87499 Is gas actually connected? When?					
If well produces oil or liquids,	Unit	Sec.	Twp.	. Rge.	_	connected!	1 AADS	in i			
give location of tanks.			<u> </u>		Yes						
If this production is commingled with that f	rom any othe	r lease or	pool,	give commingli	ng order numl	xer:					
IV. COMPLETION DATA		,						De la	Como Pacin	Diff Res'v	
Deliana Temp of Completion	~	Oil Well	. !	Gas Well	New Well	Workover	Deepen	I Plug Back	Same Res'v	Din Resv	
Designate Type of Completion -					Total Depth		<u> </u>	I D T D	<u> </u>	-1	
Date Spudded	Date Comp	i. Ready to	Prod	•	Total Depui			P.B.T.D.			
					Top Oil/Gas	Pav		Dubing Don			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					TOP CIDOSS	· • y		Tubing Dep	Tubing Depth		
								Denth Casis	Depth Casing Shoe		
Perforations				Depa. 62	-B e						
					COC) CE) POT	VIC DECOL	10				
TUBING, CASING AND									SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SAOKS VEMENT		
					ļ						
					<u> </u>	 		_			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	Æ			laurahla fami	AL E	ARL	MEM	
OIL WELL (Test must be after re			of loc	nd oil and must	be equal to of	ethod (Fiow, p	lowable jor	70) G	WE T	V 5 	
Date First New Oil Run To Tank	Date of Ter	et .			Producing M	eunoa (riow, p	namp, gas iy	IVI		IU.	
					G. C. D.			Choke Size	UL1 3 19	JRQ	
Length of Test	Tubing Pre	SSUTE			Casing Pressure			G			
					True Division			Gad NICE	GAN CON DIV		
Actual Prod. During Test	During Test Oil - Bbls.				Water - Bbls.				PICT C		
					<u></u>				1433		
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate		
									CO. BOX TONGTON BETTON CO.		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	•		
VI OPED ATOR CERTIFIC	ATE OF	COM	PI I	ANCE					D 11 /1 / 12 /	~ N!	
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above								***			
is true and complete to the best of my knowledge and belief.						a Annrov	od	JUL :	13 19 89		
11 17						Date Approved					
Mirin d. Kiro						By_ By_ Chang					
Signature											
Maria L. Perez	<u></u>	Acc	ount	tant			SUF	ERVISION	DISTRI	JT # 3	
Printed Name			Titl		Title	·					
7/6/89	. 91	5-688									
Date		Te	lepho	ne No.	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.