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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator				. 3 011				ell A	PI No.			
Oryx Energy Company								30-039-23606				
Address												
P. O. Box 1861, Mid	Land, Te	exas	797	02								
Reason(s) for Filing (Check proper box) New Well		_			Oth	et (Please exp	lain)					
Recompletion		Change in	•	sporter of:								
Casinghead Gas Condensate To Amend C-104 Dated 4-25-89												
If change of operator give name						· · · · · · · · · · · · · · · · · · ·						
and address of previous operator Sur			&]	Producti	on Co.,	P. O. Bo	x 186	1,	Midland	l, Texas	79702	
II. DESCRIPTION OF WELL Lease Name	AND LEA		1_ :							·		
•		Well No.	1	Name, Includi	<u>-</u>			Kind of Lease State, Federal or Fee		1 -	Lease No.	
Twilight Zone (BPO) Location	1	(Gavilan N	lancos			Salar, Contrar of 1 cc		NM :	NM 23034		
Unit LetterJ	_ :1	850	_ Feet	From The	South Lin	e and185	0	_ Fee	t From The	East	Line	
Section 12 Townshi	p 24-N	ī	Dane	ge 2-W	3. T	Arma (D	A	L	_		_	
12 Township	<u> </u>	····	KAN	ge Z-W	, N	MPM, R	io Arı	1D	<u>a</u>		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTEI	or Conden	IL A	ND NATU	RAL GAS	u address to w	high gran		estin	·		
Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 9156, Phoenix, Arizona 85068											
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Give address to which approved copy of this form is to be sent)						
Oryx Energy Company				,	P. O. Box 5940 TA,							
If well produces oil or liquids,	Unit Sec.		Twp. Rge.		Is gas actually connected?			When ?				
give location of tanks.	<u>i</u>			.		-	i					
If this production is commingled with that if IV. COMPLETION DATA	from any other	er lease or	pool,	give commingl	ing order num	ber:						
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepe	n	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi	l. Ready to	Prod.		Total Depth		<u></u>	-	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth				
Perforations												
retroragons								1	Depth Casin	g Shoe		
		· · · · · · · · · · · · · · · · · · ·					 .					
HOLE SIZE	CEMENTING RECORD											
HOLE SIZE	CAS	ING & TU	JBING	SIZE	DEPTH SET			SACKS CEMENT				
				·								
-												
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLI	E				. 1				
OIL WELL (Test must be after re	covery of tou	al volume	of load	d oil and must	be equal to or	exceed top allo	owable for	this :	depth or be t	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test					thod (Fiow, pu				<i>A A B</i>	a a a a a	
										ECE	IVE	
Length of Test	Tubing Pres	bing Pressure				Casing Pressure			Chologoge			
Accord Days Too									<u> </u>	1111 = 0	1000	
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			- 1	Gas- MCF	JULIO	1303	
						· · · · · · · · · · · · · · · · · · ·			400, 9	1 1 1 1 N 1 N 1 1 1 1 1 1 1 1 1 1 1 1 1	5 13 15	
GAS WELL										<i>*</i>		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate			
Tracks Market Co.		· · · · · · · · · · · · · · · · · · ·							·			
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-	-in)		Casing Pressu	re (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIA	NCE				1	 -			
I hereby certify that the rules and regula				1102		DIL CON	ISER'	VA	TION I	DIVISIO	N	
Division have been complied with and that the information given above											-	
is true and complete to the best of my knowledge and belief.						Approve	ď	881	1 101	000		
11. · + D					Daie	whhinke	u	JU	IL IS I	303		
Many I- Pess												
Signature Maria L. Perez Accountant					By							
Printed Name Title						1	SUPERI	VIB	ION DIS	TRICT #	3	
7/6/89	9	15-688		375	Title.	•						
Date		Telej	phone	No.								

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.