Submit 5 Copies
Appropriate District Office
District 1 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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

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

TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-039-23606 Oryx Energy Company Address Box 1861, Midland, Texas 79702 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas Oil To Amend C-104 Dated 4-25-89 Recompletion \mathbf{X} Casinghead Gas Condensate Change in Operator Sun Exploration & Production Co., P. O. Box 1861, Midland, Texas 79702 If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease State, Federal or Fee Well No. | Pool Name, Including Formation Lease Name Undes PAIC NM 23034 Twilight Zone (BPO) Location East Feet From The South Line and 1850 Feet From The 1850 Unit Letter ____ County Rio Arriba NMPM, Range 2-W Township 24 - NIII. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Diff Res'v New Well | Workover Deepen Plug Back Same Res'v Oil Well Gas Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Fiow, pump, gas lift, etc.) ECEI Date First New Oil Run To Tank Date of Test D Casing Pressure Tubing Pressure Length of Test Gas- MCF 3 1989 Water - Bbls. Oil - Bbls. Actual Prod. During Test DIST. 3 **GAS WELL** Gravity of Condensate Bbis. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (puot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above Date Approved _____JUL_13_1989 is true and complete to the best of my knowledge and belief. Bill) Mary Signature SUPERVISION DISTRICT # 3 Accountant Maria Printed Name Title_ 915-688-0375 7/6/89 Telephone No. Date

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.