

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator
FLOYD OPERATING COMPANY

Well API No.
30-045-08853

Address
711 LOUISIANA, STE 1740, HOUSTON, TX 77002

Reason(s) for Filing (Check proper box)
New Well ☐
Recompletion ☐
Change in Operator ☒

Change in Transporter of:
Oil ☐
Casinghead Gas ☐

Other (Please explain)

Dry Gas ☐
Condensate ☐

If change of operator give name
and address of previous operator

ORYX ENERGY COMPANY, P.O. BOX 2880, DALLAS, TX 75221-2880

II. DESCRIPTION OF WELL AND LEASE

Lease Name
FARMINGTON TOWNSITE

Well No.
1

Pool Name, Including Formation
BASIN DAKOTA GAS

Kind of Lease
State, Federal or Foreign
FEDERAL

Lease No.
NM 456794

Location

Unit Letter
B

Feet From The
1750

Line and
990

Feet From The
NORTH

Line

Section
2

Township
29N

Range
13W

NMPM,

SAN JUAN

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil
GIANT REFINING COMPANY

or Condensate ☒

Address (Give address to which approved copy of this form is to be sent)
P.O. BOX 12999, SCOTTSDALE, AZ 85267

Name of Authorized Transporter of Casinghead Gas
EL PASO NATURAL GAS COMPANY

or Dry Gas ☒

Address (Give address to which approved copy of this form is to be sent)
P.O. BOX 1492, EL PASO, TX 79978

If well produces oil or liquids,
give location of tanks.

Unit
B

Sec.
2

Twp.
29N

Rge.
13W

Is gas actually connected?
YES

When ?
5-18-62

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)

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/MCF

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
JOHN N. BLACK

EXEC. V.P.

Title
(713) 222-6275

Telephone No.

Date
12-11-92

OIL CONSERVATION DIVISION

Date Approved
DEC 17 1992

By
SUPERVISOR DISTRICT #3

Title

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.

FARMINGTON TOWNSI