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 at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

		COTOAN			LE AND A	URAL GAS				
perator	<u> </u>	UTHAI	NOF	JAT OIL	VIAD IAVI	OT IAL GA	Well Al	No.		
Oryx Energy Company							30-0)45 <u>-095</u> 6	<u>il</u>	
address										
P. O. Box 1861, Midl	and, Te	exas 7	9702	<u>}</u>	Othe	r (Please explai	<u> </u>			
leason(s) for Filing (Check proper box)		Change in 1	Francor	orter of:	Out	() teme exhau	••/			
Lecompletion	Oil		Dry Ga				<i>(</i>	, 05 0	0	
Change in Operator	Casinghead		Conder	_	To Ar	nend C-10	4 Dated	4-25-8	9	
	Explor	ation	& Pr	roductio	n Co., I	P. O. Box	1861,	Midland	, Texas	79702
L DESCRIPTION OF WELL	AND LEA	ASE				•			Federal	<u> </u>
ease Name		Well No.		lame, Includin	=		Kind o	Lease Sederal or Fe		ase No.
New Mexico -N- Federa	1 >/	3	<u> Ba</u>	isin Dak	ota Gas	·_			S-1	4210
Unit LetterA	: 119	00	Feet F	rom The <u>No</u>	rth Lim	and119	0 Fee	t From The .	East	Line
Section 18 Township	р 30-N		Range	12-W	, N	лрм, San	Juan			County
II. DESIGNATION OF TRAN	SPARTE	R OF OI	I. AN	JD NATUI	RAL GAS				,	
Name of Authorized Transporter of Oil		or Condens		X	Address (Giv	e address to whi				
Giant Refining Co.					P. O. 1	Box 9156,	Phoeni	x, Ariz	ona 850	68
Name of Authorized Transporter of Casing	ghead Gas		or Dry	y Gas X		e address to whi				nt)
Southern Union Gather						y Tower,			75201	
If well produces oil or liquids, give location of tanks.	Unit		Twp.	: -	Is gas actuall	y connected?	When	7 8-1-63		
this production is commingled with that		19	301		Yes			0-1-03		<u> </u>
V. COMPLETION DATA	from any out	er lease or p	,000i, gi	IAE COURINIES	ing order nam					
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded		pl. Ready to	Prod.		Total Depth	<u> </u>		P.B.T.D.	I	. <u>I.,</u>
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	matio	no.	Top Oil/Gas	Pay	<u></u>	Tubing Der	oth	
					•			Depth Casing Shoe		
Perforations								рери Сая		
	TUBING, CASING AND				CEMENTING RECORD					
HOLE SIZE	CA	SING & TL	JBING	SIZE		DEPTH SET			SACKS CEM	ENT
	 						<u> </u>			
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	i i				1					
	-				<u> </u>					
V TEST DATA AND REQUE	ST FOR A	ALLOWA	ABLE	<u> </u>						
V. TEST DATA AND REQUE OIL WELL (Test must be after to	ST FOR A	ALLOW A	ABLE of load	E 1 oil and must	be equal to o	exceed top allo	owable for thi	s depth or be	for full 24 hos	ers.)
	ST FOR A	total volume	ABLI of load	E 1 oil and must	be equal to o	exceed top allo	owable for thi ump, gas lift, c	s depth or be	for full 24 hou	ers.)
OIL WELL (Test must be after a Date First New Oil Run To Tank	Date of Te	est	ABLI of load	E 1 oil and must	Producing M	ethod (Fiow, pu	owable for thi ump, gas lift, c	s depth or be	for full 24 hou	rs.)
OIL WELL (Test must be after	recovery of t	est	ABLI of load	E d oil and mus!	be equal to o Producing M Casing Press	ethod (Fiow, pu	owable for thi ump, gas lift, c	s depth or be	for full 24 hos	rs.)
OIL WELL (Test must be after a Date First New Oil Run To Tank	Date of Te	est ressure	ABLI of load	E d oil and must	Producing M	ure	owable for thi ump, gas lift, (douGiz	EIVE	
OIL WELL (Test must be after a Date First New Oil Run To Tank Length of Test	Date of Te	est ressure	ABLI of load	E d oil and must	Producing M Casing Press	ure	owable for thi ump, gas lift, o	douGiz	for full 24 hos	ors.)
OIL WELL (Test must be after a Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL	Date of Te	est ressure	ABLI of load	E d oil and must	Producing N Casing Press Water - Bbli	ure	owable for thi ump, gas lift, o	JULT JULT	EIVE	
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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.

