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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

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

•		OTRANS	SPORT OIL	AND NA	UHAL GA		bi Na				
Operator					Weil API No.						
Oryx Energy Company					30-045-09561						
P. O. Box 1861. Mic	lland. Tex	(as 7970)	2								
Reason(s) for Filing (Check proper box	;)			Othe	t (Please explai	n)					
New Well		Change in Tra		Effect	tive11-1-	.90					
Recompletion \square	Oil		y Gas L		e Condens		nsporter	•			
Change in Operator f change of operator give name	Casinghead	Gas Co	ndensate X								
ad address of previous operator											
L DESCRIPTION OF WEL	L AND LEA	SE			•						
Lease Name		Well No. Pool Name, Including			ng Formation				zase No.		
New Mexico Federal	-N-	3	Basin Dak	ota Gas			State, Federal or Fee S-14		10		
Location		1100	NI.		1100	,		Fact			
Unit Letter A	:	1190 F	et From The No	orth Line	and	Fee	at From The _	East	Line		
Section 18 Town	nahip 30-N	l Ra	nge 12-W	. NA	ирм, San	Juan			County		
Section 10 10wi	<u> </u>		<u> </u>		<u> </u>	9.000					
II. DESIGNATION OF TRA				RAL GAS		·					
Name of Authorized Transporter of Oi	' \square	or Condensate	, 🖄	1	e address to wh						
Giant Refining Co.	P. O. Box 9156, Phoenix, Arizone 85068 Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Co Sunterra Gas Proces					ield, Nev						
If well produces oil or liquids,	Sec. Tv	vp. Rge.	Is gas actually connected? When								
give location of tanks.	i	-	ON 1 12W	Ye	<u>s</u>		8-1-63				
If this production is commingled with t	hat from any oth	er lease or poo	i, give commingi	ing order numl	per:						
IV. COMPLETION DATA		1	γ 	1		D	Plug Back	Cama Bas'y	Diff Res'v		
Designate Type of Completi	on - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug back	Salle Kes v	pin kest		
Date Spudded		al. Ready to Pr	od.	Total Depth	L <u></u>	L	P.B.T.D.				
	-	-									
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
				<u> </u>			Depth Casing Shoe				
Perforations											
	1	UBING, C	ASING AND	CEMENTI	NG RECOR	D	.'				
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
							<u> </u>				
				_							
				 							
V. TEST DATA AND REQI	IEST FOR	LLOWAE	LE	<u> </u>			<u></u>				
OIL WELL (Test must be af	ter recovery of u	stal volume of	load oil and must	be equal to or	exceed top allo	owable for thi	s depth or be	for full 24 hos	es.)		
Date First New Oil Run To Tank Date of Test				Producing M	ethod (Fiow, pu	emp, gas lift, e	uc.)				
				Cosing Press			Choke Size				
Length of Test	Tubing Pro	Tubing Pressure			E	MEII	1				
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.				- 	Gas- MCF				
				M/A	EC3 1 19	190	1				
GAS WELL					LOUI N			• .			
Actual Prod. Test - MCF/D	Length of	Test		Bbls.	PERM.	DIA	Gravity of G	Condensate			
				Casing Pressure (Shid-in)			Charles Circ				
Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)			une (Shut-iñ)		Choke Size				
				ار							
VL OPERATOR CERTI					OIL CON	NSERV	ATION	DIVISI	NC		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					DEC 3 1 1990						
is true and complete to the best of				Date	e Approve		DEO 0 T	1550			
· · · · · · · · · · · · · · · · · · ·	,			Dall	o , ippi o ve		` ` ^	1 /			
a prica teres by a						3	<i>ب</i> ر بر	Lioney			
Signature Maria L. Perez Proration Analyst					SUPERVISOR DISTRICT #3						
Printed Name		1	Title	Title	.	- -					
12/21/90	915/688				′ 						
Date		Teleni	none 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.

