Submit 5 Croics
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, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	<u> </u>	UINA	1101	ONI OIL	AND NA	OT IT CO	Well A	PINo. 045-0965	.7		
Oryx Energy Company							31)-1	143-0965	97		
Address P. O. Box 1861, Mid	land, T	exas	7970	02							
Reason(s) for Filing (Check proper box)	<del></del>				X Othe	t (Please expla	uin)				
New Well		Change in	Transp	corter of:							
Recompletion	Oil		Dry C			ive 11-1-					
Change in Operator	Casinghead	Gas 🔲	Cond	ensate X	Change	Condens	ate Irai	nsporter	·		
If change of operator give name and address of previous operator				<u></u>				<del></del>		<del></del>	
II. DESCRIPTION OF WELL AND LEASE										Federal	
Lease Name Well No. Pool Name, Inc.					n <b>g Formation</b> kota Gas	1	Kind of Lease State, Federal or Fee		210		
New Mexico Federal -	N -	5		Dasili Da	KULA GAS	· · · · · · · · · · · · · · · · · · ·			1 3 14	210	
Unit Letter M	:1	190	Foot 1	From The $\frac{So}{}$	uth Line	and1190	) Fee	at From The _	West	Line	
Section 7 Township	30-N		Rano	• 12-W	. NA	ирм, San	Juan			County	
Jector . Towns				<u> </u>						-	
III. DESIGNATION OF TRAN	SPORTE				RAL GAS		hich appropried	come of this fo	rem is to be se	mt)	
•	Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)  P. O. Box 9156, Phoenix, Arizona 85068					
Giant Refining Co.  Name of Authorized Transporter of Casing	zhead Gas	ead Gas or Dry Gas X						copy of this form is to be sent)			
Sunterra Gas Process			·		Bloomfield, New Mex			co 87413			
If well produces oil or liquids,	Unit	Sec.	Twp.	•				n 7			
give location of tanks.	1 M 1	7	30	· · · · · · · · · · · · · · · · · · ·	Yes			<u>8-1-63</u>		<del></del>	
If this production is commingled with that IV. COMPLETION DATA	irom any oth	er icase of	pool, g	hae comming	ing order man	<u></u>			<del></del>		
Designate Type of Completion	· 00	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	i. Ready to	o Prod.		Total Depth	<u> </u>	<u> </u>	P.B.T.D.	1		
Elevations (DF, RKB, RT, GR, etc.)	ations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
	<u> </u>							Depth Casing Shoe			
Perforations								Depth Cash	ig sike		
	<del></del> т	JIBING.	CAS	SING AND	CEMENTI	NG RECOR	D D	·			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								<u> </u>			
	<u> </u>				ļ			<del> </del>			
	<del> </del>				<del> </del>						
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABL	E	1			<u> </u>			
OIL WELL (Test must be after )	recovery of to	stal volume	of loa	d oil and musi	be equal to or	exceed top all	lowable for thi	s depth or be	for full 24 hou	<i>as.</i> )	
Date First New Oil Run To Tank	Date of Te	at .			Producing M	ethod (Fiow, p	ump, gas lift, d	uc.)			
Length of Test	Tubing Pressure				Casing Pressure 5			Choke Size	Choke Size		
Lengui G Tea	I morne I i i	asuic .			n.		. 9 T 16				
Actual Prod. During Test	Oil - Bbls.				Water -	חברים	1000	D- MCF			
					<u> </u>	DEC3	1330	<u> </u>	1		
GAS WELL		T			Bbls. Con	)IL.CO	N. DIV	Gravity of	Condensate		
Actual Prod. Test - MCF/D	Prod. Test - MCF/D Length of Test				DIST. 3			J. J			
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Press	ure (Shut-in)	<u>-</u>	Choke Size	:		
				<del></del>	<u> </u>			1	·		
VI. OPERATOR CERTIFIC	CATE OF	COM	PLI/	ANCE		OIL COI	NCEDV	ΔΤΙΩΝ	DIVISI	ON	
I hereby certify that the rules and regu					'		NOENV			<b>011</b>	
Division have been complied with and is true and complete to the best of my			ven ab	ove				DEC 3	1 1990		
)	THE STATE OF				Date	e Approve	e <b>a</b>		Λ		
Maria Tercz F	u el				D.		3.	<i>بر</i> ( د	Thank		
Signature Maria L. Perez	Prorat	ion A	nalv	<u></u>	∥ By_				DISTRICT	r Ao	
Printed Name	ιισται	JIUII AI	Titl		Title		SUPE	HOGIAU	DISTRICT	1 <b>8</b> 3	
12/21/90	915/68		5			·					
Date		Te	lephon	e 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.