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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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		OTRAN	SPORT OIL	ANU NA	UHAL GA		<b>5</b> [3]			
Operator Oryx Energy Company					Weil API No. 30-045-23633					
Address		<del></del>						-		
P. O. Box 1861, Midl.	and, Tex	as 797	02	IXI Ost	- /DI	-2-1				
Reason(s) for Filing (Check proper box)  New Well		Chance in Ta		_	A (Please expl					
Recompletion	Oil	Change in Tr	Ty Gas	_	tive $3-1$					
Change in Operator	Casinghead		ondensate X	Chang	e Conden	sate Tr	ansporte	r		
change of operator give name									-	
ad address of previous operator	<del></del>									
L DESCRIPTION OF WELL	Tree .				Federal Leve No.					
Lease Name	ool Name, Includi	*			Kind of Lease State, Federal or Fee		NM 047			
New Mexico -N- Federa	aı 📜	6E	Basin Dak	ota Gas	·- · -			NM		
Unit Letter P	. 85	50 E-	oet From The _Si	outh <b>lin</b> e	and .135	. E.	et From The	East_	Line	
Out Detter	_ ,	<u>~~</u>	action in	<u> </u>	<u>سيسن</u>		COLUMN TIME			
Section 6 Townshi	i <b>p</b> 30-N	R	ange 12-W	<u>, N</u>	MPM, S	an Juan			County	
II. DESIGNATION OF TRAN	JCDADTE!	OF OU	AND NATII	RAT. GAS						
Name of Authorized Transporter of Oil		or Condensat			e address to wi	hick approved	copy of this fo	orm is to be se	ni)	
Meridian Oil Inc.				P. O.	Box 428	9 Farm	ington.	N M 8	7499-428	
Name of Authorized Transporter of Casin	ghead Gas	o	Dry Gas 🔀		e address to wi					
Southern Union Gather			<del></del>	Fidelity Tower, Da						
f well produces oil or liquids, ive location of tanks.	! :			ls gas actually		When	_			
this production is commingled with that	from any other		NON 12W	ing order numb			5-15-81			
V. COMPLETION DATA										
	40	Oil Well	Gas Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		L. Bredista B		Total Depth	l	<u> </u>	1222	<u> </u>		
Date Spudded	Date Comp	i. Ready to Pi	roa.	Iour Depu			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Pay	<del></del>	Tubing Depth			
Perforations							Depth Casin	g Shoe		
		HRING C	ASING AND	CEMENTI	NG RECOR	מי	<u> </u>		<del></del>	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
					<del></del>					
	<del> </del>						-			
. TEST DATA AND REQUE	ST FOR A	LLOWAF	RLE	L		*****	<u> </u>			
IL WELL (Test must be after				be equal to or	exceed top all	owable for thi	s depth or be j	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes				ethod (Flow, pr				-	
				- 12	10 6	9.7.72	Tolloke Size		<u>"</u>	
Length of Test	Tubing Pres	SUE		Casing Press	ic Par	I V E	CHOKE SIZE			
Actual Prod. During Test	Oil - Bbls.			Water- Sols			GG- MCF	<del></del>		
Acting Flore During Feet	Oil - Bois.				FLB20	1990				
GAS WELL	. I			(7)	I CON	עומ		•		
Actual Prod. Test - MCF/D	Length of 1	[est		Bbls. Conden	ENCAMMEN	<u> </u>	Gravity of C	Condensate		
		·			0/31		Table 2000 - The Company of the Comp			
ing Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Press	ure (Shut-in)		Choke Size			
				ا		<del></del>	1			
VL OPERATOR CERTIFIC				1 (	OIL COM	NSERV	ATION	DIVISIO	SN	
I hereby certify that the rules and regularization have been complied with and				`						
is true and complete to the best of my				Date	Approve	.d 1	EB 20	1990		
11 1	0			Daile	y Whhinke	·u		<del></del>		
Mary & the	135			By_		~	× ~			
Signature	n .		1	By -		- Dail	-). <del>-</del>			
Maria L. Perez Printed Name	<u> ≁Torai</u>	ion Ana <b>T</b>	illyst	Title		SUPER	VISOR D	STRICT	#3	
2-16-90	915-6	688 <u>-</u> 0375		Time						
Date	_	Teleph	ione 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.