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

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

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

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

L

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well A	PI No.		}	
Oryx Energy Company					_		30-	-045-25	330		
Address										1	
P. O. Box 1861, Midla	and, Texa	as 79	9702								
Reason(s) for Filing (Check proper box)					Othe	t (Please explai	in)			Į.	
New Well	Chi	ange in T	ranspor	ter of:							
Recompletion	Oil		Dry Gas	, \sqcup	Effec	tive11- <u>1</u>	-90				
Change in Operator	Casinghead G	44 🔲 (Conden	nate X	Chanc	e Conden	sate Tr	ansport	er		
If change of operator give name											
and address of previous operator											
IL DESCRIPTION OF WELL A	AND LEASI	E					,		Eede		
Lease Name	We	eli No, I	Pool Na	me, Includir	g Formation		,	f Lease Sederal or Fee	1	ase No.	
New Mexico Federal -1	V- 5F	<u> </u>	Basir	<u>n Dakot</u>	a Gas		State, I		NWC	4/	
Location											
Unit Letter P	:1000	<u>) </u>	Feet Fre	on The SO	uth_Lim	and1	15 Fee	t From The .	Fast	Line	
-	20 11	_	_	10.11		C	1			6	
Section / Township	30-N		Range	12-W	, NI	лрм, San	Juan	····		County	
III. DESIGNATION OF TRANS	CDADTED A	OF OII	r a NII	וו ויייר גוא מ	PAT GAS						
Name of Authorized Transporter of Oil		Condens			Address (Give address to which approved copy of this form is to be sent)						
•		00200			P. O. Box 9156, Phoenix, Arizona 85068						
Name of Authorized Transporter of Casing	Giant Refining Co.					Address (Give address to which approved copy of this form is to be sent)					
Sunterra Gas Process	_		, ·	لم س	•					1	
If well produces oil or liquids,		Unit Sec. Twp. Rge.			Bloomfield, New Mexical Is gas actually connected? When the						
give location of tanks.	P 7 30N 12W			Yes			1-13-83				
If this production is commingled with that f	rom any other k	ease or p	ool, giv			er:					
IV. COMPLETION DATA	•	•		_							
		Dil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	· (X)		_1_						<u>l</u>		
Date Spudded	Date Compl. F	Ready to I	Prod.		Total Depth			P.B.T.D.			
	<u> </u>				* ATA 1						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
								•		i	
								Dorch Carie	og Shoe		
Perforations								Depth Casit	ng Shoe		
Perforations		DD10	GA SD		CENTENT	NC RECOR	<u> </u>	Depth Casir	ng Shoe	·	
					CEMENTI	NG RECOR	D	<u> </u>		FNT	
Perforations HOLE SIZE		BING, (CEMENTI	NG RECORI	D	<u> </u>	SACKS CEM	ENT	
					CEMENTI		D	<u> </u>		ENT	
					CEMENTI		D	<u> </u>		ENT	
					CEMENTI		D	<u> </u>		ENT	
HOLE SIZE	CASIN	IG & TUI	BING S		CEMENTI		D	<u> </u>		ENT	
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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.