State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

OIL CONSERVATION DIVISION

TRICT II Drawer DDi Atenia RM 12210 Gas Operator	P.O. Box 2088					MAY 16,88				
RICT III ii) Rio Brazos Rd., Aziec, NM 87410	REQUE		ALLOWABI				O. C. D.	Œ		
			SPORT OIL			S				
rator		Well API No.								
Oryx Energy Company	<i>!</i>				 	30-0)05 - 6150	5		
hress			_							
P. O. Box 1861, Midla	nd, Tex	as 7970	2		t (Please explai	<u></u>				
uson(s) for Filing (Check proper box)	,	hange in Tra	amoster of:	U Oune	t (Fiease explai	~/				
w Well	Oil	Dr	. —							
completion		Gas 🔲 Ca	_				•			
ange of operator give name			n & Produ	ction Co	P. O.	Box 186	1, Midl	and, Tex	as 7970	
DESCRIPTION OF WELL	IND LEA	SE .		Kind of	f Lease		Federal Lease No.			
ase Name		Well No. Pool Name, Including Formation					ederal or Fee	NMO2	NM022584	
Chaves A Federal	L		Pecos Slo	pe Aho (Gas)			 .		
cation	660		eet From The	Jorth 1:-	1980	T Fee	t From The	_East	Line	
Unit LetterB	:660	P	eet Prom 1De	OT CIL LIB			4 1 1016 150 1			
Section 21 Township	7-S	R	ange 26-E	, N!	MPM, Cl	aves			County	
I. DESIGNATION OF TRAN				RAL GAS	e address to wi	ich anaraved	come of this f	orm is to be se	nd)	
ame of Authorized Transporter of Oil		or Condensa	" \square	Address (On	e (666) 633 10 m/	шл иррголог			•	
ame of Authorized Transporter of Casing	head Gas		r Dry Gas X	Address (Giv	re address to wi	rich approved	copy of this f	orm is to be se	nt)	
Transwester Pipeline					Box 2472, Suite 614 1st Nat't. Bank Bldg.					
well produces oil or liquids,	Unit	Sec.	wp. Rge.		ly connected?	When	7 Ode:	ssa, Texa	as 7976	
ve location of tanks.	<u>i </u>		<u> </u>	<u> </u>			, ·			
this production is commingled with that	from any oth	er lease or po	ool, give comming	ling order num	ber:					
V. COMPLETION DATA		γ <u>ου πι π</u>	G . N. n	New Well	Workover	Deepen	Plug Rack	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	Gas Well	I Mem Mett	MOLEGAEL	Deepen	1 1128 2	1	1	
Date Spudded		al. Ready to I	Prod.	Total Depth		.l	P.B.T.D.			
		-					·			
levations (DF, RKB, RT, GR, etc.) Name of Producin			mation	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
								Depth Casing Shoe		
Perforations						•		ug un		
		TIRING	CASING ANT	CEMENT	ING RECO	RD				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			T	SACKS CEMENT		
HOLE SIZE	 	<u> </u>	<u> </u>							
							-			
			-							
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR	ALLOWA	ABLE of load oil and my	et he equal to	or exceed top a	llowable for th	is depth or b	e for full 24 ho	urs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank			oj toda ou una ma	Producing !	Method (Fiow,	pump, gas lift,	esc.)			
Date First New Oil Rull 10 13HK	Date of Test									
Length of Test	Tubing Pressure			Casing Pressure			Choke Siz	Choke Size		
								Gas- MCF		
Actual Prod. During Test	Oil - Bbls	<u>.</u>		Water - Bb	ais.		O25- IVICI	i-		
								.0		
GAS WELL								to	OTIL.	
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity o	Gravity of Condensate		
				Casina Pre	ssure (Shut-in)		Choke Si	<u>ر) کړ ٿ</u> ze	s.A	
Testing Method (pitot, back pr.)	Tubing P	ressure (Shu	(-in)	Casing Pite	wante (mine.in)					
			~ * * * * * * * * * * * * * * * * * * *							
VI. OPERATOR CERTIFI					OIL CC	NSER\	MOITAN	N DIVISI	ON	
I hereby certify that the rules and rep Division have been complied with a	gulations of the	ne Oil Conse	rvation cen above		0					
Division have been complied with a is true and complete to the best of it	in niar nie igi	and belief.	THE BUILT	D-	ata Annroi	<i>r</i> ed	JUN 2	2 1989		
					Date Approved					
Maria L. Menes					ORIGINAL SIGNED BY MIKE WILLIAMS					
Signature	7					SUPERVIS	COR DICT	TOLOT ::		
Maria I. Perez		Acc	countant Tille	·			JUR, DIS	KICT 19		
Printed Name /_25_89	. (915-688		11 11	lle					

Date

- 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.

Telephone No.

- 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.

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