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

## State of New Mexico , Minerals and Natural Resources Departmen Er.

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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	10	J IHAI	12LO	HIOLA	ND NAT	JUVE CIV	<u> </u>	ADI No			
rator		Well API No. 30-025-21331									
Oryx Energy Company						30-023-21331					
ress	1 The	7(	9702								
P. O. Box 1861, Midla son(s) for Filing (Check proper box)	nd, lex	as /:	7702		Other	(Please explai	n)		-		
w Well	(	Change in [	Cranspor	ter of:	_						
completion	Oil		Dry Gas								
inge in Operator X	Casinghead	G25	Condens	rate	SWD V	Vell	1061	Midland	Toyas	79702	
sange of operator give name address of previous operator . Sun	ı Explor	cation	& Pr	oductio	n Co., I	2. О. Во	X 1861	, Midland	, lexas	13102	
DESCRIPTION OF WELL A	AND LEA	SE						State			
DESCRIPTION OF WELL A	NO LEA	Well No.	Pool Na	me, Including	Formation			d of Lease e, Federal or Fee	.	se No.	
Harris State		5	Meso	calero S	an Andr				K-3	162	
cation	001	0		_ \$0	nith **		990	Feet From The	East	Line	
Unit LetterI	:231	<u> </u>	Feet Fr	om The	outh Line	and		1001110111111111		_	
Section 23 Township	10-S		Range	32-E	, NM	гРМ,	Lea			County	
			3.7		AT CAS						
. DESIGNATION OF TRANS	SPORTE	or Conden	L AN	DNATUR	Address (Give	address to wi	hich approv	ved copy of this j	form is to be set	ਪ)	
me of Authorized Transporter of Oil											
ame of Authorized Transporter of Casing	ghead Gas		or Dry	Gas 🔲	Address (Give	address to w	hich appro	ved copy of this	form is to be se	ч)	
	<del></del> ;				Is gas actually connected? When '			nen ?	7		
well produces oil or liquids, re location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually	Communication.	i .				
this production is commingled with that	from any oth	er lease or	pool, gi	ve commingli	ng order numl	er:				<u> </u>	
COMPLETION DATA								Div - Deek	Same Res'v	Diff Res'v	
	~~~	Oil Wel	1	Gas Weil	New Well	Workover	Deepe	n   Plug Back	Same Res	1	
Designate Type of Completion		pl. Ready t	o Prod		Total Depth	L	_1	P.B.T.D.	_1		
tate Spudded	01100										
levations (DF, RKB, RT, GR, etc.)	ons (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
								Depth Cas	Depth Casing Shoe		
erforations							•	,			
	<del></del> -	TURING	. CAS	ING AND	CEMENTI	NG RECO	RD				
HOLE SIZE	C/	ASING & T	UBING	SIZE		DEPTH SE	Τ		SACKS CEN	ENI	
							<del></del>				
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TEST DATA AND REOUE	EST FOR	ALLOV	VABL	E					c c 1124 be		
V. TEST DATA AND REQUE	ST FOR recovery of	ALLOV total volum	VABL	E d oil and mus	t be equal to c	or exceed top a	illowable fo	or this depth or b	oe for full 24 ho	ws.)	
V. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank	EST FOR recovery of Date of T	total volun	VABL) se of loa	E d oil and mus	t be equal to a	or exceed top a Method (Fiow,	allowable fo pump, gas	or this depth or b	oe for full 24 ho	urs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of T	total volum Test	VABLI se of loa	E d oil and mus	Producing N	neurod (1 tow)	sillowable fo pump, gas	or this depth or b lift, etc.)		ws.)	
OIL WELL (Test must be after	r recovery of	total volum Test	VABL ve of loa	E d oil and mus	Producing N	neurod (1 tow)	ullowable fo pump, gas	Choke Si	2 <b>c</b>	ws.)	
OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test	Date of T	total volum Test Pressure	VABL! se of loa	E d oil and mus	Producing N	sure	allowable fo pump, gas		2 <b>c</b>	urs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of T	total volum Test Pressure	VABL se of loa	E d oil and mus	Casing Pres	sure	ullowable fo pump, gas	Choke Si	2 <b>c</b>	ws.)	
OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test	Date of T	total volum Test Pressure	VABL ne of loa	E d oil and mus	Casing Pres Water - Bb	sure	<i>party</i> , 8—	Choke Si Gas- MC	F	urs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test	Date of T	rotal wolum Test Pressure	VABL	E d oil and mus	Casing Pres Water - Bb	sure	<i>party</i> , 8—	Choke Si Gas- MC	2 <b>c</b>	urs.)	
DIL WELL (Test must be after Date First New Oil Run To Tank  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D	Tubing P Oil - Bbl	rest Pressure	ne of load	E d oil and mus	Casing Pres Water - Bb	sure	<i>y a a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b</i>	Choke Si Gas- MC	F of Condensale	urs.)	
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DIL WELL  (Test must be after  Date First New Oil Run To Tank  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Testing Method (puot, back pr.)  VI. OPERATOR CERTIF  I hereby certify that the rules and re Division have been complied with a is true and complete to the best of n	Tubing P  Oil - Bbl  Length of  Tubing S  Tubing S	Pressure  St.  Pressure  OF CON the Oil Con formation the and belie	ihut-in)  MPLL  nservation given ab f.	ANCE on the source of the sour	Casing Pres  Water - Bb  Bbls. Cond  Casing Pres  Da  By	sure  ls.  ensate/MMCF  ssure (Shut-in)  OIL CC  tte Appro	ONSE	Gravity of Choke S	F Of Condensate	1989 SEXTON	

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.