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ppropriate District Office
ISTRICT I
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

)ISTRICT II 1.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

	REGUESTIO	H ATTOMANDE	AND AUTHO	CAC	)N			
	TO TRAN	NSPORT OIL A	ND NATUHAL	CAD.	Well API N	la.		-
ilor						025-22013		
ryx Energy Company				h-				
o. 0. Box 1861, Midla	nd, Texas 797	'02	Other (Plane)					
on(s) for Filing (Check proper box)		•	Other (Please	explain)				
Well		Transporter of:						
empletion	_	Dry Gas						
nge in Operator	Casinghead Gas	Conclensate			1061	M: 11 c	nd Tox	26 7970
contests of bisastors obstants	Sun Explorat:	ion & Product	tion Co., P	O. Box	1861		State	<u>as 7710</u>
ESCRIPTION OF WELL AND LEASE   Well No.   Pool Name, Includin		g Formation Kind of I						
se Name of C	Well No.			~+h	State, Fed	eral or Fee	0G-2	60
T. P. State A	1 2	Bagley Perm	o Penn., No	L LIII				
ation		_		010.	Tone !	rom The	South	Line
Unit LetterO	<u>: 1980                                   </u>	Feet From The <u>Ea</u>	st Line and	010	rect	TOIL TIP		
Section 10 Township	n 11-S	Range 33	-E <b>, NMPM,</b>	Lea				County
DESIGNATION OF TRAN	SPORTER OF O	II. AND NATUR	AL GAS					
DESIGNATION OF TRAIN me of Authorized Transporter of Oil	or Conder	asate	MODIES (Othe man e	s to which a	pproved co	py of this fo	rm is to be set	ਪ) }
Amoco Pipeline Compa	<b>ائنیا</b> nv		P. O. Box	3092, H	oustor	ı, rexa	S 1123	) 
me of Authorized Transporter of Casin	ighead Gas X	or Dry Gas	Address (Give addre	ss to which a	pproved co	py of this fo \langle 7/1	rm is to be se .102	<i>~)</i>
Warren petroleum Com	ipany		P. O.Box 1			74	102	
well produces oil or liquids,	Unit Sec.	1 - 1	Is gas actually conne	cted?	When?	0 67		
e location of tanks.	J 10	11S 33E	Yes		2-	2-67		
his production is commingled with that	from any other lease or	r pooi, give commingli	ng order number:					
. COMPLETION DATA	•	·					la Pulu	hier Pach
	Oil We	il Gas Well	New Well Wor	cover   D	ecpen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	1 - (X)	l	<u> </u>				<u> </u>	
ate Spudded	Date Compl. Ready	to Prod.	Total Depth			P.B.T.D.		
·	Name of Producing		Top Oil/Gas Pay			Tubing Dep	eth .	
evations (DF, RKB, RT, GR, etc.)	lop on end 1-y							
			L			Depth Casin	ng Shoe	
erforations					,			
		TACINIC AND	CEMENTING I	FCORD			_	
			CEMENTING I	ECORD TH SET			SACKS CEN	ENT
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HOLE SIZE			CEMENTING I	RECORD TH SET			SACKS CEM	IENT
	CASING &	TUBING SIZE	CEMENTING I	RECORD TH SET			SACKS CEM	IENT
	CASING &	TUBING SIZE	DEP	TH SET	ble for this			
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	CASING &	TUBING SIZE	DEP	TH SET	ble for this , gas lift, e	depth or be		
7. TEST DATA AND REQUIDIL WELL (Test must be afte	EST FOR ALLOV	TUBING SIZE	t be equal to or exce	TH SET	ble for this , gas lift, e	depth or be	e for full 24 ho	
7. TEST DATA AND REQUIDIL WELL (Test must be afte	EST FOR ALLOV	TUBING SIZE	DEP	TH SET	ble for this , gas lift, e	depth or be	e for full 24 ho	
'. TEST DATA AND REQUIDIL WELL (Test must be afte Date First New Oil Run To Tank	EST FOR ALLOVer recovery of total volumed Date of Test	TUBING SIZE	t be equal to or exce Producing Method Casing Pressure	TH SET	ble for this , gas lift, e	depth or be	e for full 24 ho	
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7. TEST DATA AND REQUIDIL 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 (pilot, back pr.)	CASING &  EST FOR ALLOVer recovery of total volum Date of Test  Tubing Pressure  Oil - Bbls.  Length of Test  Tubing Pressure (1)	TUBING SIZE  WABLE  me of load oil and mus	DEP  It be equal to or exce Producing Method Casing Pressure Water - Bbis.  Bbis. Condensate.  Casing Pressure (	TH SET  ed top allowa (Fiow, pump  MMCF  Shut-in)		Choke Siz	e for full 24 ho	nurs.)
7. TEST DATA AND REQUIDIL 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 (pitot, back pr.)  VI. OPERATOR CERTIF	CASING &  EST FOR ALLOV er recovery of total volum Date of Test  Tubing Pressure  Oil - Bbls.  Length of Test  Tubing Pressure (Control of Test)  Tubing Pressure (Control of Test)	TUBING SIZE  WABLE  me of load oil and mus  Shut-in)  MPLIANCE	DEP  It be equal to or exce Producing Method Casing Pressure Water - Bbis.  Bbis. Condensate.  Casing Pressure (	TH SET  ed top allowa (Fiow, pump  MMCF  Shut-in)		Choke Siz	e for full 24 ho	nurs.)
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V. TEST DATA AND REQUIDIL 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 (pitot, back pr.)  VI. OPERATOR CERTIF  I hereby certify that the rules and repression have been complied with	EST FOR ALLOVer recovery of total volumer part of Test  Tubing Pressure  Oil - Bbls.  Length of Test  Tubing Pressure (continue)  Tubing Pressure (continue)	TUBING SIZE  WABLE  me of load oil and mus  Shut-in)  MPLIANCE  conservation  n given above	t be equal to or exce Producing Method Casing Pressure Water - Bbis.  Bbis. Condensate. Casing Pressure (	ed top allowa (Flow, pump	SERV	Choke Siz	e for full 24 ho	ION
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C. TEST DATA AND REQUIDIL 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 (pitot, back pr.)  VI. OPERATOR CERTIFIED I hereby certify that the rules and rules are complete to the best of Signature	CASING &  EST FOR ALLOV  er recovery of total volum  Date of Test  Tubing Pressure  Oil - Bbls.  Length of Test  Tubing Pressure (:  FICATE OF COI regulations of the Oil Co and that the information my knowledge and believed.	Shut-in)  MPLIANCE  magiven above ef.	t be equal to or exce Producing Method Casing Pressure Water - Bbis.  Bbis. Condensate. Casing Pressure (	MMCF Shut-in)  CONS	SERV	Choke Siz	e for full 24 ho	ION
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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.