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State of New Mexico Energy, Minerals and Natural Resources Department See Instructions at Bottom of Page

ISTRICT II O. Drawer DD, Anesia, NM 88210

## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JISTRICE II				
000 Rio Bra	20s Rd.,	Artec	NM	87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	10	J IHAI	NSP	OHI OIL	AND NAI	UNAL GA	<u>-</u>	Well Af	I No.			
Operator Oryx Energy Company								30-025-22133				
ddress												
P. O. Box 1861, Midlan	nd, Tex	as 797	702			<del></del>	<del></del>					
Reason(s) for Filing (Check proper box)	,	Change in	т		Other	(Please expla	un <i>j</i>					
Vew Well Recompletion	Oil		Dry G									
Change in Operator	Casinghead	Gas 🔲	Conde	cosale 🗌								
change of operator give name	Sun Exp	lorat	ion	& Produc	tion Co	., P. O.	Во	x 186	1, Midl	and, Tex	as 79702	
· ·										State		
L DESCRIPTION OF WELL A		SE Well No.	Pool	Name, Includin	g Formation			Kind o	Lease		ase No.	
J. P. Collier		4-√	l l	agley Per	_	. North		State, F	ederal or Fee	NM31	5	
Location		7/	1	<u>ug 20, 10,</u>	ino rom					i +	_	
Unit LetterG	:1980	<u> </u>	. Feet	From The _No	rth_Line	and200	5	Fac	t From The	Cust	Line	
10	11 (	,	_	22 17	3/8	ирм. Le	а				County	
Section 10 Township	11-8	<u> </u>	Rang	e 33-E	, NN	<b>ирм,</b> Le	<u>a</u>					
II. DESIGNATION OF TRANS	SPORTE	R OF O	IL A	ND NATUI	RAL GAS						-	
Name of Authorized Transporter of Oil		or Conden			Address (Giw	e address to who ont . Nat	hich a	<i>pproved</i> Bank	<i>copy of this f</i> R1do.	orm is 10 be se	nt)	
Amoco Pipeline Company	hand Con		D	ry Gas	Ft. Wo	rth Tox	as hich a	761(	copy of this f	orm is to be se	nt)	
Name of Authorized Transporter of Casing Warren Petroleum Compa		لــــا	u D	.y C		Box 1589				ma 741	1	
If well produces oil or liquids,		Sec.	Twp	. Rge.	ls gas actuali			When	?			
give location of tanks.	F	10	1	<del></del>	Yes	<u> </u>			0-1-67			
If this production is commingled with that	from any oth	er lease of	pool,	give comming!	ing order num	ber:					_ <del></del>	
IV. COMPLETION DATA		Oil Wel	1	Gas Well	New Weil	Workover	E	еереп	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	1	- 			i	<u>i</u>		İ	1	1	
Date Spudded	Date Comp	d. Ready t	o Proc	1,	Total Depth				P.B.T.D.			
	N 6 D				Top Oil/Gas Pay			Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			100 011 011 11			Tabling Depar					
Perforations	<u> </u>				<u> </u>				Depth Casi	ng Shoe		
					- <del></del>				<u> </u>			
				SING AND	CEMENTI	DEPTH SE			1	SACKS CEN	MENT	
HOLE SIZE	CA	SING & T	OBIN	IG SIZE	<del> </del>	DEF TH OE						
	<del>                                     </del>											
	CO FOR	11100	/ A 10 I	·	<u> </u>				ــــــــــــــــــــــــــــــــــــــ			
V. TEST DATA AND REQUE OIL WELL (Test must be after	51 FUR A	otal volum	e of lo	oad oil and mus	t be equal to o	or exceed top a	llowal	ble for th	is depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Te				Producing N	Aethod (Fiow,	ритир,	gas lift,	esc.)			
									Choke Siz			
Length of Test	Tubing Pr	essure.			Casing Pres	sure			Choke on	-		
Actual Prod. During Test	Oil - Bbls				Water - Bbl				Gas- MCF			
Actual Flow During For	On - Bois	•										
GAS WELL												
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Cond	ensate/MMCF			Gravity of	Condensate		
			Lask Tak		Casino Dra	ssure (Shut-in)			Choke Siz	LC .		
Testing Method (puot, back pr.)	Inping P	ressure (Si	um-m)	•	Casing 116					·.		
VI. OPERATOR CERTIFIC	CATEO	E COM	(pr 1	IANCE	٦							
I hereby certify that the rules and reg						OIL CC	NS	SER\	ATION	DIVIS	ON	
Division have been complied with and that the information given above								11	IN 1 0	1000		
is true and complete to the best of m	y knowledge	and belief	•		Da	te Approv	/ed		<u>U</u>	JN 19	1707	
Mario Z. VI	10					Apt.	GIA!	i em	MBN DV IP	:DDV CEV#4	<b>7A!</b>	
Signature				By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR								
Maria L. Perez		3 A		intant		1	•			- 1 <del>- 1 - 1</del> 1 1		
Printed Name 4-25-89	. 9	15-68	-		Titl	le						
Date				one 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.

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