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State of New Mexico .argy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS											
Operator Mims Texas Oil & G								Well API No. Not Available				
7060 S. Yale, Ste.	707,	Tulsa,	, OK	741	36							
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name and address of previous operator Oryx	Oil Casinghea	d Gas	Dry Ga Conde	aste		Opera the I	BLM. Mi ator of	e chang ms Texa this le	s Oil & ase.	Gas Co.	enied by remains	
IL DESCRIPTION OF WELL							<u>, , , , , , , , , , , , , , , , , , , </u>	uy Tonu	<u> </u>			
Lesse Name Miller Federal	Well No. Pool Name, Including 1 Tom-Tom Sa							of Lease Federal or Fe	f Lease No. Federal or Fee NM-046153-A			
Unit Letter P	6	60	Feet F	rom Th	<u>S</u>	outh Line	and 66	50 F	et From The .	East	Line	
Section 34 Township	7- S		Range		31-	E , NI	ирм, Сh	aves			County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)												
Pride Pipeline Limited Partnershin						Box 2436, Abilene Texas 79604						
Name of Authorized Transporter of Casing Oxy USA Inc.	rter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent) Box 27570. Houston, Toxas, 77227					ent)	
If well produces oil or liquids, give location of tanks.	Unit	34	Twp. 7-9		1 <u>-</u> E	is gas actually	connected?	When		7 6 6 7		
If this production is commingled with that in IV. COMPLETION DATA	rom any oth	er lease or p	oool, gi	ve com	mingli	ing order numb	er:					
Designate Type of Completion	- (X)	Oil Well		Gas W	ell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. Ready to Prod.					Total Depth		1	P.B.T.D.		1	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations						l			Depth Casin	Depth Casing Shoe		
	TUBING, CASING AND					CEMENTING RECORD			·			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE	-				· · · ·				
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours. Date First New Oil Run To Tank Date of Test Producing Method (Fiow, pump, gas lift, etc.)										rs.)		
					Casing Pressure Choks Size							
Length of Test	Tubing Pressure											
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF	Gas- MCF			
GAS WELL										•		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of (Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION Date Approved OCT 3 0 1990							
Signature Oryx Energy Company Maria L. Perez Proration Analyst						By DRISHAL GENERALING						
Printed Name 10-25-90 (9		88 - 0375	Title		_	Title			<u> </u>			

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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