

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Well API No.
Not Available

Oryx Energy Company

Address
P. O. Box 1861, Midland, Texas 79702

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)

New Well ☐ Change in Transporter of: Effective Date 7-1-90

Recompletion ☐ Oil ☐ Dry Gas ☐

Change in Operator ☒ Casinghead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator Mims Texas Oil & Gas Co., Now: Prime Resources Company, 7060 S. Yale, Ste. 707, Tulsa, OK. 74136

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------------------------|---------------|--|--|--------------------------|
| Lease Name Miller Federal | Well No. 1 | Pool Name, including Formation Tom-Tom San Andres | Kind of Lease State, Federal or Fee | Lease No. NM-046153-A |
|------------------------------|---------------|--|--|--------------------------|

Location
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line

Section 34 Township 7-S Range 31-E , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|---|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Pride Pipeline Limited Partnership | Address (Give address to which approved copy of this form is to be sent) Box 2436, Abilene, Texas 79604 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Oxy USA Inc. | Address (Give address to which approved copy of this form is to be sent) Box 27570, Houston, Texas 77227 |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? <input type="checkbox"/> When ? |

Unit | Sec. | Twp. | Rge.
P | 34 | 7-S | 31-E

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|----------|-------------------|----------|--------|--------------|------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | Depth Casing Shoe | | | | | |

TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

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 (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas- MCF |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, 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.

Maria L. Perez
Signature
Maria L. Perez
Printed Name
7-25-90
Date
7-25-90
Date
(915) 688-0375
Telephone No.

Foration Analyst
Title

OIL CONSERVATION DIVISION

AUG - 1 1990

Date Approved

By ORIGINAL

Title

- 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.