DETRICT II .O. Drewer DD, Artesia, NM \$8210

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OIL CONSERVATION DIVISION

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

)ISTRICT III 1000 Ruo Brazos Rd., Aziec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	10 10 10 10 10	NATURAL GAS Well API No. Not Available							
Oryx Energy Company	7								
		707	O2						
P. O. Box 1861, Mid	iland, Te	xas /9/		Other (Please et	rplain)				
(s) for Filing (Check proper box)	Chr	age ia Trasq	porter of:			SND	20		
Nell —	Oil	Dry (Effective	e Date	/-1-	90		
repletion U	Caninghead Ga	■ 🔲 Cood	came				7.0	160 S Y	ale.
nge of operator give name	-a Toyas	011 & (Gas Co. N	ow: Prime Re	sources	Compa	$\frac{\text{any}, 70}{74136}$	00 5. 1	<u></u>
				Ste. 707	, Tulsa	, OK.	/4130		
DESCRIPTION OF WELL	AND LEAST	E IRaal	Name, Including	Formation	1	Cind of Le	236 -1 Fee	NM-046	e No.
Name	W		om-Tom Sar	Andres		tate, rece	ral or Fee	NM-040	133-K
Miller Federal		4 1 1	Oli-Toli Bai					11 .	
φ	. 1980	∩ E	From The SC	outh_Line and	660	Feet F	rom The	West	Line
Unit Letter	_:130		1100 120		Ch	aves			County
Samina 35 Townshi	in 7-S	Rat	31-E	, NMPM,	Cit	aves			
36000				ALCAS T	5 m2	J. 2.	-zł		
DESIGNATION OF TRAN	NSPORTER	OF OIL	AND NATUR	AL GAS Address (Give address	to which ap	proved co	ry of this for	rm is to be sen	t)
THE OF AUGUSTAL PROPERTY OF THE	1 1					· · ·	70601		
Pride Pipeline Limit	ed Partne	rsnip	Dry Gas	Address (Give address	to which ap	proves co	by of the lo		u)
ums of Authorized Transporter of Casa	Value or	سا		Box 27570 ,	Houston	<u>Tex</u>	as //22		
Oxy USA Inc.	I Unit S	ec. Tv	P. Rge.	Is gas actually connec	ted?	When?			
well produces oil or liquids, a location of tanks.	- i - i	34 <u> </u>	7-S 31-E						
his production is commingled with the	at from any other	lease or poo	i, give commingi	ing order number:					
. COMPLETION DATA				New Well Work	ower D	eepen	Plug Back	Same Res'v	Diff Res'v
		Oil Well	Gas Well	I MEM MET I HOT		Ĺ			ــــــــــــــــــــــــــــــــــــــ
Designate Type of Completio	n·(A)	. Ready to Pi	_l	Total Depth			P.B.T.D.		
ate Spudded	Date Compi	. Keady w 1							
TO THE CO. HOLD	Name of Pr	oducing Form	netion	Top Oil/Gas Pay		Ì	Tubing Dep	XII	
Devations (DF, RKB, RT, GR, etc.)							Depth Casing Shoe		
erforations						l			
				CONTRACTOR D	ECORD				
	<u>T</u>	UBING, C	CASING AND	CEMENTING R	TH SET			SACKS CE	MENT
HOLE SIZE	CA:	SING & TUE	SING SIZE						
	i.						1		
DATA AND PEOL	UEST FOR	ALLOWA	BLE			his for thi	death or b	ne for full 24 h	ours.)
V. TEST DATA AND REQU	UEST FOR	ALLOW A	BLE of load oil and mu	us be equal to or excee	ed top allowa	ble for thi	s depth or b	ne for full 24 h	ours.)
OIL WELL (Test must be af	UEST FOR A	OLD FORTIL	BLE of load oil and mu	Producing Method	ed top allowa (Fiow, pump	ble for thi	s depth or b	ne for full 24 h	ours.)
V. TEST DATA AND REQU OIL WELL (Test must be af Date First New Oil Run To Tank	fler recovery of	OLD FORTIL	BLE of load oil and mu		ed top allowa (Fiow, pump	ble for thi , gas lift, (s depth or b		ours.)
OIL WELL (Test must be af Date First New Oil Run To Tank	fler recovery of	ed .	BLE of load oil and mu	Producing Method Casing Pressure	ed top allowa (Flow, pump	ble for this, gas lift, i	Choke Si	ze	ours.)
OIL WELL (Test must be af	Date of To	ed .	BLE of load oil and mu	Casing Pressure	ed top allowa (Fiow, pump	ble for thi		ze	ours.)
OIL WELL (Test must be af Date First New Oil Run To Tank	Date of To	es sure	BLE of load oil and mu		ed top allowa (Fiow, pump	ble for thi	Choke Si	ze TF	ours.)
OIL WELL (Test must be a) Date First New Oil Run To Tank Length of Test	Date of To	es sure	BLE of load oil and mu	Casing Pressure	ed top allowa (Flow, pump	ble for thi , gas lift, (Choke Si	ze F	
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OIL WELL (Test must be a) Date First New Oil Run To Tank Length of Test	Date of To	ed ressure	BLE of load oil and mu	Casing Pressure Water - Bbls. Bbls. Condensate.	ммсғ	ble for thi , gas lift, t	Choke Si	F of Condensate	
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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
- 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.