

Form 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals and Natural Resources

See Form 100-1000
at Bottom of Page

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 Oryx Energy Company Well API No. Not Available
Address P. O. Box 1861, Midland, Texas 79702
Reason(s) for Filing (Check proper box) ☐ New Well ☐ Recompletion ☒ Change in Operator ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐ Effective Date 7-1-90
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. 5 Pool Name, including Formation Tom-Tom San Andres Kind of Lease State, Federal or Fee Lease No. NM-046153-A
Location Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West 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 ☐ or Condensate ☐ 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 ☐ or Dry Gas ☐ 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. Unit P Sec. 34 Twp. 7-S Rge. 31-E Is gas actually connected? ☐ When ?
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 Title Proration Analyst
Printed Name 7-25-90 Telephone No. (915) 688-0375
Date

OIL CONSERVATION DIVISION
Date Approved
By
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.