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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89
See Instructions
at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	ART C	<b>ISPC</b>	ORT OIL	AND NAT	URAL GA	<u>S</u>	A DI No			
erator						Well API No.					
Oryx Energy Company						30-005-20944					
dress P. O. Box 1861, Mid	land, T	exas	7970	)2		_					
mon(s) for Filing (Check proper box)	<del></del>				Other	(Please expla	in)				
₩ Weli		Change in T	•	_							
completion $\sqsubseteq$	Oil	_	Dry Gai	_	Εf	fective	7_1_89				
nange in Operator	Casinghead	Gas 📗	Conden	sate	EI	Tective	7-1-09				
hange of operator give name l address of previous operator				· · · · · · · · · · · · · · · · · · ·							
-	A NUMBER OF A STATE ASS	cr:									
DESCRIPTION OF WELL A	AND LEA	Vell No	Pool N	ame Includin	g Formation			of Lease		ase No.	
Well No. Pool Name, Including Siete San &					() State			Federal or Fee			
New Mexico "BA" State											
Unit Letter D	. 99	0	Feet Fr	om The No	rth_Line	and610	· F	eet From The	West_	Line	
Omit Letter										County	
Section 16 Township	8-S		Range	31-E_	, NN	<b>IPM,</b> Ch	aves			County	
		. OE OI	TE A BAT	TO BUT OF THE	DAT CAS						
I. DESIGNATION OF TRAN		or Condens	L AIN	D MATOR	Address (Giw	address to w	uch approve	d copy of this fe	orm is to be se	nt)	
			-		4001 Per	nbrook S	t. Ode	essa. Tex	as 7976	52	
Phillips Petroleum Co  iame of Authorized Transporter of Casing	mpany		or Dry	Gas	Address (Give	e address to w	hich approve	d copy of this f	orm is to be se	nt)	
Oxu NG L dra								xas 797	02		
well produces oil or liquids,	Unit		Twp.		is gas actually		Whe	a? 3 -/- 8:	5		
ve location of tanks.	I D		<u>8-S</u>	31-E	412			<u>+ 1 0 - </u>		<u> </u>	
this production is commingled with that	from any other	er lease or p	pool, gi	ve commingh	ing order numi	æ					
v. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	I OU WELL	i		1	İ	<u>i</u>		1	<u> </u>	
Date Spudded	Date Comp	i. Ready to	Prod.		Total Depth			P.B.T.D.			
•	<u> </u>					D					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	ray		Tubing Dep	Tubing Depth		
					L			Depth Casin	ng Shoe		
Perforations							•	1	_		
	т	UBING	CAS	ING AND	CEMENTI	NG RECO	₹D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
HOLL OILL											
					ļ <u>.</u>						
								_			
	200	T T OW	ADIT	·	<u> </u>						
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR A	LLLUW.	ABLE	b d ail and mur	the equal to o	r exceed top a	llowable for	this depth or be	for full 24 ho	urs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		Uj 1000	· Ju unu musi	Producing N	lethod (Fiow, )	oump, gas lif	i, etc.)			
Date Lilz Lick Off Krill 10 1971	LARE OI 1634										
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	CHOKE SIZE		
<b>-</b>									Gas- MCF		
ctual Prod. During Test Oil - Bbls.					Water - Bbl	L.		Jan Mich			
					<u></u>				<del></del>		
GAS WELL						AA40T		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Sizvity of	Clavity of Community		
	Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Siz	ie .		
Testing Method (pilot, back pr.)											
	C 4 7777 C			NICTO	<del></del>					<b></b>	
VI. OPERATOR CERTIFIC	CATEO	r COM	PLIA	INCE		OIL CC	NSER	VATION	ı DIVIŞİ	ЮЙ	
I hereby certify that the rules and reg Division have been complied with an	wations of the	e Uil Conse ormation of	ervation iven alx	) J				1111	N 2 6 19	<i>४४</i> ४	
is true and complete to the best of my	y knowledge	and belief.			Dat	e Approv	red	JUI			
	_					C , .pp. 0 v		GNED BY JE	ERRY SEXT	JN.	
Minera Pine					∥ By.	_n	IGINAL SI	GNED BY JI RICT I SUPER	VISOR		
Signature					∥ By.	<del>O</del> #	DIST	(ICT TOOLS		•	
Maria L. Perez	- A	ccount	ant Tide		Titl	Δ					
Printed Name			. 100%	•	11 1111	G					
6-21-89	. 91	5-688-	-0375	5		<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.