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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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

						TURAL G	45	•			
•		IO INA	NOP	ONI OIL	AND IVA	TONAL G	Well A	PI No.			
Operator				İ	30-005-21023						
Oryx Energy Company								30-003-21	112.3		
Address		7.0	. = 0 0								
P. O. Box 1861, Midl Reason(s) for Filing (Check proper box)	and, Te	xas /	702		Oth	et (Please expl	ain)				
New Well		Change in	Transa	arter of:		(	,				
	Oil		Dry G								
Recompletion $\Box$		ad Gas 📋	-		766		1 00				
change of operator give name	Caaugin				Effe	ctive 7-	1-89				
ad address of previous operator		<u> </u>									
	ANDIE	ACE									
I. DESCRIPTION OF WELL Lease Name	AND LE		Dool N	Varne, Includia	ng Formation	<del></del> -	Kind	of Lease	L	ease No.	
•								Federal or Fee			
New Mexico "BA" Stat	<u>:e</u>	1 4	5	iete Sar	Andres						
Location	0.0	10			1	. 1000	٠		West	Line	
Unit LetterK	:23	10	Feet F	from The _SC	outh Lin	e and1900	) Fe	et From The	WEST	Line	
	0 0		<b>n</b>	21 17	3.7	MPM.	Chaves			County	
Section 16 Towns	hip 8-S_	<del></del>	Kange	: 31-E	, N	MPM,	Chaves			County	
	NCBODTT	D OF O	TT A B	וו פיר אות כוו	DAT CAS						
II. DESIGNATION OF TRA Name of Authorized Transporter of Oil		or Conden		U INA I UI	Address (Cir	ve address to w	hich approved	copy of this for	m is to be s	ent)	
	_ <u> </u>					Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St. Odessa, Texas 79762					
Phillips Petroleum (	ompany	mpany						copy of this form is to be sent)			
Name of Authorized Transporter of Cas		head Gas Or Dry Gas									
Oxy NGL dra		1111			Box 1919, Midland, T. Is gas actually connected? Who						
If well produces oil or liquids, rive location of tanks.	Unit	Sec.	Twp.		_	ly connected?	When				
· · · · · · · · · · · · · · · · · · ·	D	16	<u> 8-s</u>		l Yes			4-22-85			
f this production is commingled with the	at from any of	het lease of	poot, g	ive comming:	ing order num						
V. COMPLETION DATA		Tau			1 32 37/11	1 37/	Donor	Plug Back	Come Dec'y	Diff Res'v	
Designate Type of Completio	m - (X)	Oil Well	· !	Gas Well	New Well	Workover	Deepen	Flug Dack	Mile Ves A	l l	
		I Pardada	- L		Total Depth	┸	<u> </u>	P.B.T.D.			
Date Spudded	Date Con	ipl. Ready to	Prod.		Total Depti			P.B.1.D.			
			<del></del>	<del> </del>	Top Oil/Gas	Pav		Tubina Dansh			
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Producing Fo	omatio	ů.	Top Oil/Gas	ray		Tubing Depth	i		
					<u> </u>			Depth Casing	Shoe		
Perforations							,	Deput Casing	Sike		
		<u></u>				DIG DEGO!	<u> </u>	<u> </u>			
					CEMENTING RECORD			SACKS CEMENT			
HOLE SIZE	C/	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								<del>-  </del>			
					ļ			<del> </del>		~	
								<del> </del>			
V. TEST DATA AND REQU	EST FOR	ALLOW.	ABL	<u>.</u>			n 11.6		6.11 24 ha	\	
OIL WELL (Test must be afte	r recovery of	total volume	of load	l oil and must	be equal to o	r exceed top at	lowable for th	is depin or be jo	# juit 24 not	<i>W</i> 3.)	
Date First New Oil Run To Tank	Date of T	'est			Producing M	Method (Fiow, p	ownp, gas lyt,	esc.)			
								Choke Size		<del> </del>	
Length of Test	Tubing P	Tubing Pressure				ente		CHURC SILV			
									Gas- MCF		
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.				Water - Bbis.			Gas- NICF		
										<del></del>	
GAS WELL											
Actual Prod. Test - MCF/D	Length of	f Test			Bbls. Conde	nsate/MMCF		Gravity of C	ondensate		
CONTRACTOR OF THE PROPERTY OF		Longiti Ve 1 von						1			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
seeing tracellon (histor) when it is					_				:		
THE OPEN AMON CONTRACT	<u> </u>	E CO1 C	DT T 4	NOT	<del>-</del>						
VI. OPERATOR CERTIF						OIL CO	NSERV	ATION [	DIVISION	NC	
I hereby certify that the rules and re	gulations of th	e Oil Conse	rvation			J JU	<b> v</b>				
Division have been complied with a is true and complete to the best of n			ACT 1100	***			1	JUN	2619	89	
	., MOMICUKE	LIE VUICI.			Dat	e Approv	ed				
									AV IPAPI	CEYTON	
Mora & Fire					∥ By_		ORIGIN	AL SIGNED	BY JERKY	DEVION	
Signature Maria L. Perez	- 1	Account	ant		-,-			DISTRICT	UPERVIS	ンド	
Printed Name			Title		Title	_					
6-21-89	915.	-6 <u>88</u> -03	•		11 1100	<i></i>					
Date			ephone	No.							

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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