x 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

RICT II Presser DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

), Drawer DD, Artesia, NM 88210	Sar	nta Fe, New Mex	ico 87504-2088					
TRICTIII				74TON				
O Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	OR ALLOWABL	E AND AUTHORI	ZATION				
	TOTRA	NSPORT OIL P	ND NATURAL G	AS Well AF	No.			
rator			30-005-21023					
Oryx Energy Company								
iress								
P. O. Box 1861, Midlar	<u>ıd, Texas 79</u>	702	Other (Please exp	lain)				
uson(s) for Filing (Check proper box)			Other (Fisture exp	ши				
w Well		Transporter of:						
		Dry Gas Condensate						
ange in Operator	Casinghead Gas	COROCESSAGE	. a B 0	Por 186	1 Midla	and. Tex	as 79702	
address of previous operator	Sun Explorat	ion & Produc	tion Co., P. O	. BOX 100	, HIUI	1114, 2011		
	NID I EACE		•		Stat	e	•	
DESCRIPTION OF WELL A	Well No.		Kind of Lease No.					
ase Name	1	State, I	State, Federal or Fee					
New Mexico "BA" State	4	Siete Sar	LANATES					
cation	0010		South Line and 198	30 F o	et From The _	West	Line	
Unit Letter K	:2310	_ Feet From The	OUTH LINE and					
Section 16 Township	8-5	Range 31-E	, NMPM, Ch	aves			County	
Section 16 Township								
I. DESIGNATION OF TRANS	SPORTER OF C	IL AND NATUE	RAL GAS		6.01.	is to be see	-/)	
ame of Authorized Transporter of Oil	X or Conde	ensate	Women (Other orms to					
Permian Cerp.	LA		P. O. Box 118	P. O. Box 1183, Houston, Texas 77001				
ame of Authorized Transporter of Casing	thead Gas Y	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)					
Cities Service Co. C	XV NGL &	nc.			l. Texas 79702			
well produces oil or liquids,	Unit Sec.	Twp. Rgc.	ls gas actually connected	? When				
re location of tanks.	K 16	8S 31E	Yes		4-22-85			
this production is commingled with that	from any other lease (or pool, give comming!	ing order number:					
V. COMPLETION DATA) Phys Book	Same Res'v	Diff Res'v	
	Oil W	ell Gas Well	New Well Workove	Deepen	I Mag Back	Same wer	1	
Designate Type of Completion	- (X)		Total Depth		P.B.T.D.	<u></u>		
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		1.5.1.5.			
	<u> </u>		Top Oil/Gas Pay		Tubing Der	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	, and the second					
	<u> </u>		1		Depth Casi	Depth Casing Shoe		
Perforations				•	-			
	THE STATE OF THE S	C CASING AND	CEMENTING REC	ORD				
	TUBIN	G, CASING AND	DEPTHS		SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE		DEI III OEI					
TO DECLIE	ST FOR ALLO	WARLE	<u> </u>					
V. TEST DATA AND REQUE	31 FUR ALLIO	me of load oil and mu	st be equal to or exceed to	p allowable for t	his depth or be	e for full 24 ho	ws.)	
	Date of Test	<u>. </u>	Producing Method (Fig	w, pump, gas lift	i, eic.)			
Date First New Oil Run To Tank	Date of Year				- T			
Least of Test	Tubing Pressure		Casing Pressure		Choke Size			
Length of Test	I doing a reserve				Gas- MCF			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCI	•		
Actual Proc. During Tea	Ou - Doin							
	<u>l</u>							
GAS WELL			Bbls. Condensate/MM	CF	Gravity o	f Condensate		
Actual Prod. Test - MCF/D	est - MCF/D Length of Test				1			
	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Si	Choke Size		
Testing Method (pitot, back pr.)	I moing Pressure	(Siturus)				• •		
VL OPERATOR CERTIFI	CATE OF CO	MPLIANCE		ONSER	VATION	N DIVIS	ION	
Thomby certify that the rules and re-			JUN 1 9 1989					
Division have been complied with and that the information given above						IUUU		
is true and complete to the best of n	y knowledge and beli	ici.	Date App	rovea				
Mari Y	ν			A -14				
HILLIA A	teren		. II Rv	ORIGIN	NAL SIGNE	BY JERRY	SEXTON	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature

Maria

Printed Name

4-25-89

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

DISTRICT I SUPERVISOR

2) All sections of this form must be filled out for allowable on new and recompleted wells.

915-688-0375 Telephone No.

countant

Tille

- 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.

RECEIVED

MAY 1 2 1989 OCD HOBBS OFFICE