Advent 5 Copies
Appropriate District Office
DISTRICT I
1.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 Bettom of Pag

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2088
Serve For New Merrico, 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088
REQUEST FOR ALLOWABLE AND AUTHORIZATION

				ORT OIL A		<u> </u>	Well AP	No			
rator						30-025-29066					
Oryx Energy Company] 30-023-29000					
P. O. Box 1861, Midla	and. Tex	as 797	702								
son(s) for Filing (Check proper box)					Other	(Please explain	n)				
w Well		Change in									
completion 📙	Oil		Dry Ga	_							
ange in Operator	Casinghead						D 106	1 M: J1.	and Tox	26 7970	
hange of operator give name address of previous operator	Sun Exp	olorat:	ion 8	Produc	tion Co	, P. O.	ROX 100	I, MIGIA	and, lex	as 1710	
DESCRIPTION OF WELL	AND LEA	SE				•	_		tate		
ase Name		Well No.	Pool N	ame, Including	g Formation		Kind of	Lease ederal or Fee	Les	use No.	
State Land 76		3	And	lerson R	anch Wol	fcamp_	State, I				
cation				_		/ 3 7.0			South	Line	
Unit LetterI	_:660)	Feet Fr	rom The <u>Ea</u>	stLine	and472	C Fee	t From The _	SOULI	1106	
Section 2 Townshi	in 16-S		Range	32-E	, NN	ΓΡΜ. Lea	1			County	
	<u>.p 10 2</u>		2								
. DESIGNATION OF TRAP	NSPORTE			D NATUE	RAL GAS		·.k ·	name af skin fo	is to be co	-r)	
ame of Authorized Transporter of Oil	Ä	or Conder	nezie		-	address to wh				-,	
Shell Pipeline Compa arms of Authorized Transporter of Casis	Shell Pipeline Company mo of Authorized Transporter of Casinghead Gas X or Dry Gas					Box 1598, Hobbs, New Mexico 88240 Address (Give address to which approved copy of this form is to be sent)					
Conoco, Inc.	Igreat Oa	لکا	G Diy			Drawer					
well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actuali		When		·	–	
ve location of tanks.	_i	<u></u>	1	_1							
this production is commingled with the	t from any oth	er lease or	pool, gi	ve commingli	ing order num	er:			 -		
. COMPLETION DATA		Oil Wel	1 1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	n - (X)	lon wer	" i	Oas wen		1			İ	<u>i </u>	
Date Spudded		pi. Ready t	o Prod.		Total Depth			P.B.T.D.			
						T- Oil/C-o Pau			Maile Dank		
levations (DF, RKB, RT, GR, etc.)	Name of F	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
erforations					<u></u>		-	Depth Casin	ig Shoe		
410202											
		TUBING	, CAS	ING AND	CEMENT	NG RECOR					
HOLE SIZE	C/	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
					<u> </u>			 			
											
	+			-	 						
V. TEST DATA AND REQU	EST FOR	ALLOV	VABL	E							
OIL WELL (Test must be afte	r recovery of	total volum	e of loa	d oil and mus	a ka amind en e		lowable for th	is depth or be		5 7\$.)	
					De equal to c	fethed (Figure	warmen none lift	etc)	JOF JULI 24 HOI		
Date First New Oil Run To Tank	Date of T				Producing N	fethod (Flow, p	oump, gas lift,	etc.)	JOF JULI 24 HOI		
		,ea			Producing N	fethod (Fiow, p	oump, gas lift,	Choke Size			
	Date of T	,ea			Producing N	sure	oump, gas lift,	Choke Size	:		
		ressure			Producing N	sure	oump, gas lift,	etc.) 	:		
Date First New Oil Run To Tank Length of Test Actual Prod. During Test	Tubing P	ressure			Producing N	sure	oump, gas lift,	Choke Size	:		
Length of Test Actual Prod. During Test GAS WELL	Tubing P	ressure			Casing Pres Water - Bbi	Sethod (Fiow, p	nump, gas lift,	Choke Size			
Length of Test Actual Prod. During Test	Tubing P	ressure			Casing Pres Water - Bbi	sure	nump, gas lift,	Choke Size	:		
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D	Tubing P	ressure			Casing Pres Water - Bbl Bbls. Cond	Sethod (Fiow, p	nump, gas lift,	Choke Size	Condensate		
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D	Tubing P	ressure			Casing Pres Water - Bbl Bbls. Cond	sure sure msate/MMCF	nump, gas lift,	Choke Size Gas- MCF Gravity of	Condensate		
Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.)	Oil - Bbl	ressure s. Test Pressure (Si	hut-in)		Casing Pres Water - Bbl Bbls. Cond	sure ensate/MMCF sure (Shut-in)		Choke Size Gas- MCF Gravity of Choke Size	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 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.