Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Ene. 89, 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 Brizos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator							Well	LPI NO.			
Oryx Energy Compa	ny						30	<u>0-025-270</u>	13		
sdress											
P. O. Box 1861, M	<u>lidland, T</u>	<u>X 79702</u>	2	 		·					
cason(s) for Filing (Check proper be	(X)	~			∐ Oth	я (Please expla	ún)				
ew Well	0.1	Change in Tr	•	er of:							
ecompletion	Oil Casinghea	_	ry Gas Condensa		Chang	e Conden	sate Ga	therer ef	fective	2-1-9	
change of operator give name	Caungnea	004	Ollocam					 			
address of previous operator											
DESCRIPTION OF WE	LL AND LE	ASE									
ease Name	· · · · · · · · · · · · · · · · · · ·			ne, Includia				of Lease No.			
Pennzoil Federal	ennzoil Federal Com. 1 La Rica			Rica Mo	orrow, West (Gas) State			Federal or Fee NM-12277			
ocation				_					_		
Unit Letter	: <u>19</u>	<u>80 </u>	eet Fron	n The	outh Lin	e and17	<u>80 </u>	et From The	East	Line	
20 -	10	· -		24 5				1 00		C	
Section 29 Tow	veship 18	<u>-S</u>	lange	34-E	, NI	MPM,	· · · · · · · · · · · · · · · · · · ·	<u>Lea</u>		County	
I. DESIGNATION OF TE	RANSPORTE	R OF OIL	AND	NATUI	RAL GAS						
tame of Authorized Transporter of (or Condensa		X7	Address (Giv	e address to wi	rich approved	copy of this for	m is to be se	ont)	
Pride Pipeline E	imited Par	tnershi			Box 243	6, Abile	ne, TX	79604		<u>.</u>	
iams of Authorized Transporter of (Casinghead Gas		r Dry G	as 💢	1			copy of this for	m is to be se	ent)	
Northern Natural						<u>O, Midla</u>					
f well produces oil or liquids, ive location of tanks.	Unit	-	Nwp. 10	Rge.	1	y connected?	When				
this production is commingled with	that from any of	29	18	Securing!	Yes	ber:		9-2-81			
V. COMPLETION DATA		0ι ρυ	~-, <u>B</u> , **								
		Oil Well	G	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Comple					7 - 1 2 - 1	<u> </u>	<u> </u>	<u> </u>			
are Spudded	Date Com	pl. Ready to F	rod.		Total Depth			P.B.T.D.			
(DE DVD DE CD) None of Datains Francisco					Top Oil/Gas Pay			Tubing Depth			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation								. — ing pepu			
erforations					<u>. </u>			Depth Casing	Shoe		
								<u> </u>			
	•	TUBING, C	CASIN	G AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CA	SING & TUE	SING SI	ZE		DEPTH SET		S.	ACKS CEM	ENT	
								 			
					ļ	·					
											
. TEST DATA AND REC	UEST FOR	ALLOWA	BLE		 			 		······	
IL WELL (Test must be	after recovery of t	otal volume o	f load oi	l and must	be equal to o	exceed top all	owable for th	is depth or be fo	or full 24 hou	os.)	
Date First New Oil Run To Tank	Date of To					ethod (Fiow, p					
								TO 1 6	Choke Size		
Length of Test	Tubing Pr	Tubing Pressure				Casing Pressure			Choke Size		
						Water - Bbis.			Gas- MCF		
Actual Prod. During Test	Oil - Bbls	.			Water - Dois	•					
					<u></u>			<u> </u>			
GAS WELL	11 20 4	Test			Bhie Conde	neste/MMCF		Gravity of C	ondensate		
Actual Prod. Test - MCF/D	Length of	Length of Test			Bbls. Condensate/MMCF			Clarky of Comment			
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Press	aire (Shut-in)		Choke Size			
sound tricaton (burn, mark b.)	1.20.00		-,			•					
VI. OPERATOR CERT		E COMPI	TANT	CE	1			<u> </u>			
I hereby certify that the rules and				CE		OIL COI	NSERV	'ATION [DIVISIO	NC	
Division have been complied with											
is true and complete to the best of		_			Date	e Approve	ed			·-···	
11 -	1										
1649014 h					By					**	
Signature Maria L. Perez	¿ Du	nnation	Anal	vc+	Dy -						
Printed Name	<u> </u>	ora tion.	Mild Title	<u> </u>	Tale						
1-23-91	915	5/688-03	75			;	· · · · · · · · · · · · · · · · · · ·				
Date		Teler	phone N	0.	11						

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.