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

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

State of New Mexico ergy, Minerals and Natural Resources Departr

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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	<u>O TRA</u>	NSP	OR	T OIL	AND NAT	TURAL GA	4S W211 7	PI No				
Operator FLOYD OPERATING COMPANY									Well API No. 30-025-28786				
Address													
711 LOUISIANA, STE 1740, H	OUSTON,T	X 7700)2			Othe	r (Please expla	zin)					
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghead	Change in	Transp Dry C Conde	3as	of:								
			NY, Ι	P.O.	BOX :	2880. DAI	LLAS, TX	75221-2	880				
	AND LEA	SE											
Lease Name NEW MEXICO 36 STATE (No. Pool Name, Includi						State,	Kind of Lease State, Federal or Fee STATE		Lease No. NMV-697				
Location Unit Letter B	:660		. Feet I	Prom 7	The NO	RTH Line	and 1980	Fe	et From The .	EAST	Line		
Section 36 Township	, 18	S	Range	e 33	E	, NN	лрм,		LEA		County		
III. DESIGNATION OF TRAN	SPORTER	OF O	IL A	ND N	IATU	RAL GAS	e address to w	hich approved	copy of this f	orm is to be se	ni)		
Name of Authorized Transporter of Oil TEXAS NEW MEXICO PIPE	X	or Conden	Sale)	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2528, HOBBS, NEW MEXICO 88240							
Name of Authorized Transporter of Casing CONOCO INC.	me of Authorized Transporter of Casinghead Gas X or Dry Gas CONOCO INC.						P.O. BOX	951063,	DALLAS,	opy of this form is to be sent) DALLAS, TX 88240			
If well produces oil or liquids, give location of tanks.	В	S∞. 36	Twp. 185	S	33E		NO	When	?				
If this production is commingled with that f	rom any othe	r lease or	pool, g	give co	mmingl	ing order numb	er:						
IV. COMPLETION DATA		Oil Well		Gas V	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion Date Spudded	- (X) Date Compl	. Ready to	Prod.	 .		Total Depth		<u> </u>	P.B.T.D.		. i		
	CD 4 in Familia				Top Oil/Gas Pay			Tubing Depth					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation								Depth Casing Shoe				
Perforations									Depth Casi	ng Shoe			
	T	UBING,	CAS	ING	AND	CEMENTI	NG RECOR	D D					
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			-	SACKS CEMENT					
						<u> </u>							
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	Ē		L							
OIL WELL (Test must be after r	ecovery of tol	al volume	of load	d oil a	nd musi	be equal to or	exceed top all	owable for th	is depth or be	for full 24 hou	vs.)		
Date First New Oil Run To Tank	Date of Tes					Producing M	ethod (Flow, p	ump, gas iyi,	eic.j				
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size					
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF					
	100.00					1							
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate					
					Casing Pressure (Shut-in)			Choke Size	Choke Size				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Carried 1			<u> </u>					
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul	ATE OF	COMI	PLIA rvation	NC:	E		OIL COI	NSERV					
Division have been complied with and is true and complete to the best of my	that the infor	mation giv	ven abo	ove		Date	Approve	ed	DE	C 2 2 '92			
(John	n (2)	lace		<u>. </u>		11	OPIGINAL	SIGNED B	Y JERRY S	EXTON			
Signature JOHN N. BLACK		EXE	EC. V	.P.			Dis	STREET ISC	J. E. A. 120 u	•			
Printed Name		(713)		-627	75	Title							
Date 12-11-8	92	Tel	ephone	e 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.

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

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Astesia, 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

	TO TRANS	PORT OIL A	ND NATL	JRAL GAS	Well API	No			
ralor					Well API	70-07	6-28	786	
Oryx Energy Company						<u> </u>			
ress	-d Towns 79702	,							
P. O. Box 1861, Midla son(s) for Filing (Check proper box)	nd, lexas 17102		Other	(Please explain	1)				
Well	Change in Tran	reporter of:							
ompletion		Gas 📙							
	Casinghead Gas Con	adensate			7 196	1 Midla	nd Tex	as 79702	
ange of operator give name . address of previous operator	Sun Exploration	n & Product	tion Co.	, P. O.	ROX 100	I, MIGIA	iliu, Tex		
socies of brevious observe						State		· · · · · · · · · · · · · · · · · · ·	
DESCRIPTION OF WELL	Well No. Po	ol Name, including	Formation		Kind of	Lease derai or Fee		se No.	
New Mexico 36 Com. ₹ S	1 1	EK Bone Sr			State, 14		NMV 6)91	
eation					_		East	Line	
Unit LetterB	: 660 Fe	et From TheN	orth Line	and1980	Feet	From the —			
26	19_C B	33-E	, NIM	IPM, Le	a			County	
Section 36 Townshi	p 18-S Rs	iage 33 L							
DESIGNATION OF TRAN	SPORTER OF OIL	AND NATUR	AL GAS	address to wh	inh annual	ome of this fo	rm is to be sen	<u></u>	
me of Authorized Transporter of Oil	X or Condensate	• 🗆	William (Con-	address to Wi	ica approved i	Nov. Mc	vice 88	2/10	
Texas New Mexico Pipe	line	Dry Gas	P. O. Box 2528. Hobbs. New Mexico 88240 Address (Give address to which approved copy of this form is to be sent)					w)	
ome of Authorized Transporter of Casin	P. O. Box 90 Maljamar, New Mexico 88264								
Conoco, Inc.	Unit Sec. T	wp. Rgc.	is gas actually	connected?	When	?			
well produces oil or liquids, se location of tanks.	B 36	18S 33E	Yes						
this production is commingled with that	from any other lease or po	oi, give commingli	ng order numi	cer:					
. COMPLETION DATA			New Well		Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	Oil Well	Gas Well	Mem werr	i warana I	20-7-1		<u> </u>		
	Date Compl. Ready to P	rod.	Total Depth	<u> </u>		P.B.T.D.			
ate Spudded						Tubing Depth Depth Casing Shoe			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas	ray					
			<u> </u>						
erforations					•				
	TUBING, O	CASING AND	CEMENT	NG RECO	RD				
HOLE SIZE	BING SIZE	DEPTH SET			SACKS CEMENT				
(IOLL OILL			 			+			
			 			 			
			 						
V. TEST DATA AND REQU	FST FOR ALLOWA	BLE	<u></u>				c £.11.94 ha	\	
OIL WELL (Test must be afte	EST FOR ALLOW A recovery of total volume of	of load oil and mus	t be equal to	or exceed top a	Howable for th	etc.)	gor juli 24 No	W3./	
Date First New Oil Run To Tank	Date of Test		Producing I	Method (Fiow.	р шир , даз іўі,	EIL./			
			Casing Pres			Choke Size			
Length of Test	Tubing Pressure					NOT.			
Actual Prod. During Test	Oil - Bbls.		Water - Bb	ls.		Gas- MCF			
Actual Prod. During Test	On Post								
CACWEII	<u></u>					-10	Con description		
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Cond	iensate/MMCF		Gravity o	f Condensate		
						Choke Si	Choke Size		
Testing Method (pitot, back pr.)) Tubing Pressure (Shut-in)			essure (Shut-in)					
		DE V 4 3 7 CTC	-\r						
VI. OPERATOR CERTIF	FICATE OF COM	PLIANCE		OIL CO	DNSER	OITAV	DIVIS	IUN	
I hereby certify that the rules and to Division have been complied with	regulations of the Oil Conse	ren above				•	JUN 1	y 1989	
is true and complete to the best of	my knowledge and belief.		Da	ate Appro	ved				
$\sim \sim 10^{-1}$).			• •		n	rig. Signar	i ho	
Maya L.	. B≀	Orig. Signed by Paul Kautz							
Signature Maria I., Perez	O Ac	countant	. '				Geologis	t	
Maria I. Perez Printed Name		Title	Ti	tle					
4-25-89	915-688	3-0375 Elephone No.	-						
Date	16	achione 140.	!						

- 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.

Mary 18 1 19 1

er genedigi i spirite er genedigi i spirite en legi segad

RECEIVE

MAY 15 1989

OCD MOBBS OFFICE