Form C-104 State of New Mexico Revised 1-1-89 See Instruction ubmit 5 Copies ppropriate District Office ISTRICT I Energy, Minerals and Natural Resources Department at Bettom of Page O. Box 1980, Hobbs, NM 88240 **OIL CONSERVATION DIVISION** ISTRICT II O. Drawer DD, Artesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 <u>)ISTRICT III</u> 000 Rio Brazos Rd., Aztoc, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-025-29437 Oryx Energy Company Address Box 1861, Midland, Texas 79702 Ρ. 0. Other (Please explain) Π Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas Oil Recompletion X Casinghead Gas 🗌 Condensate Change in Operator Sun Exploration & Production Co., P. O. Box 1861, Midland, Texas 79702 if change of operator give name and address of previous operator Federal . IL DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. Pool Name, Including Formation Lease Name State, Federal or Fee -04591 Mescalero Escarpe Bone Spring Mescalero Ridge B Federal Location __ Feet From The __North__ Line and __900 _____ Feet From The __West Line :_____330____ Unit Letter ____D County , NMPM, Lea Range <u>33-E</u> Section 13 Township 18-S III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Box 42130, Houston, Texas 77242 Name of Authonized Transporter of Casinghead Gas ar or Dry Gas Expressive addition of this form is to be sent) Phillips 66 Natural Gas Compan SPM Gas Corporation 001 Penbrook, Odessa, Texas 79762 Texas New Mexico Pipeline Co Name of Authorized Transporter of Casinghead Gas Rge. Is gas actually connected? Unit Sec. If well produces oil or liquids, Twp. give location of tanks. 7 化コ If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Diff Res'v Gas Well Oil Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compi. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tank Choke Size Casing Pressure Tubing Pressure Length of Test Gas- MCF Water - Bbis Actual Prod. During Test Oil - Bbls. GAS WELL Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test - MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pilot, back pr.) VL OPERATOR CERTIFICATE OF COMPLIANCE **OIL CONSERVATION DIVISION** I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JUN 1 9 1989 is true and complete to the best of my knowledge and belief. Date Approved ____ Orig. Signed by Paul Kautz llai n Ву ____ Geologist Signature Accountant Perez Maria L Title Title_ Printed Name <u>4-25-89</u> Date <u>915-688-0375</u> Telephone 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.