

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Oryx Energy Company		Well API No. 30-025-31053
Address P. O. Box 1831, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Other (Please explain) Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)		
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
BY THIS OFFICE.

Lease Name McAlpine Federal	Well No. 1	Pool Name, including Formation EK Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-04591
Location Unit Letter E : 1830 Feet From The North Line and 660 Feet From The West Line Section 19 Township 18-S Range 34-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, TX 79762					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None, Now negotiating contract	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 19	Twp. 18-S	Rge. 34-E	Is gas actually connected? No	When ?

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 12-4-90	Date Compl. Ready to Prod. 12-17-90		Total Depth 7475'		P.B.T.D. 7185'			
Elevations (DF, RKB, RT, GR, etc.) 3968.5'	Name of Producing Formation Delaware		Top Oil/Gas Pay 5426		Tubing Depth 5536'			
Perforations 5426'-5474'					Depth Casing Shoe 7475'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		402'		420 sxs			
12 1/4"	8 5/8"		3200'		1370 sxs			
7 7/8"	5 1/2"		7475'		1000 sxs, TOC 2750' T.S.			
	2 7/8" tbq		5536'					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)

Date First New Oil Run To Tank 2-9-91	Date of Test 2-18-91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 44	Water - Bbls. 270	Gas- MCF 68

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
Maria L. Perez, Proration Analyst
Printed Name
2-20-91
Date
915-688-0375
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
By
Title

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

Oryx Energy Co.
McAlpine Federal #1
Lea County, NM

1830/N + 660/W

19-18-34

STATE OF NEW MEXICO
DEVIATION REPORT

402	3/4
901	1 3/4
1397	2 3/4
1619	2
2023	3/4
2556	3/4
3059	2 3/4
3200	2
3699	1 1/2
4170	1
4668	1
5167	1 3/4
5666	1 1/2
6166	1 3/4
6610	3/4
7090	1 1/4
7468	1 3/4

Ray Peterson

By: Ray Peterson

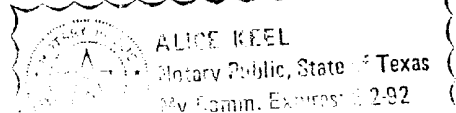
STATE OF TEXAS I

COUNTY OF MIDLAND I

The foregoing instrument was acknowledged before me this 26th day of December, 1990, by Ray Peterson on behalf of Peterson Drilling Company.

My Commission expires: 8/2/92

Alice Keel
Notary Public for Midland County,
Texas



Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

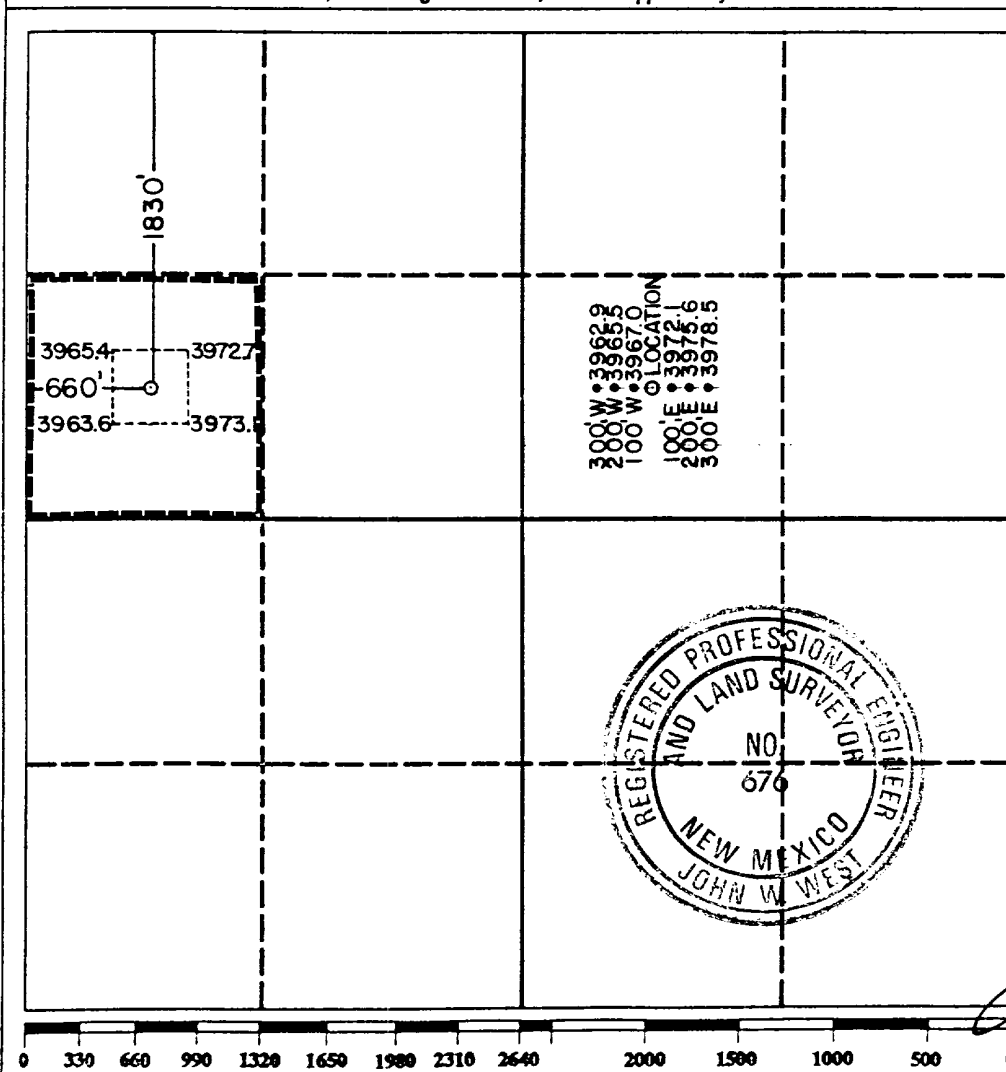
All Distances must be from the outer boundaries of the section

Operator ORYX ENERGY CO.			Lease McAlpine Federal		Well No. 1
Unit Letter E	Section 19	Township 18 South	Range 34 East	County Lea	

Actual Footage Location of Well:

1830 feet from the North line and		660 feet from the West line	
Ground level Elev. 3968.5	Producing Formation San Andres Delaware	Pool Wildcat EK Delaware	Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation voluntary Pooling
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature <i>Maria L. Perez</i>
Printed Name Maria L. Perez
Position Proration Analyst
Company Oryx Energy Company
Date 10-31-90

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed October 30, 1990
Signature & Seal of Professional Surveyor <i>John W. West</i>
Certificate No. JOHN W. WEST, 676
RONALD J. EIDSON, 3239