

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 Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator <u>Oryx Energy Company</u>		Well API No. <u>30-025-05430</u>
Address <u>P. O. Box 1861, Midland, Texas 79702</u>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) <u>Sidetrack @3570'</u>
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 _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>C. S. Caylor, Sr. Estate</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Loving^U Abo</u>	Kind of Lease State, Federal or <u>Fee</u>	Lease No. <u>Fee</u>
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>665</u> Feet From The <u>West</u> Line Section <u>6</u> Township <u>17-S</u> Range <u>37-E</u> , <u>NMPM</u> , <u>Lea</u> 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"/> <u>Texas New Mexico Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1510, Midland, Texas 79702</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Natural Gas Co. GPM Gas Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, Texas 79762</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>6</u>	Twp. <u>17-S</u>	Rge. <u>37-E</u>	Is gas actually connected? <u>Yes</u>	When? <u>1952</u>

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

IV. COMPLETION DATA Sidetrack information

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input checked="" type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded Sidetrack <u>7-28-90</u>	Date Compl. Ready to Prod. <u>8-15-90</u>		Total Depth <u>8500'</u>		P.B.T.D. <u>8389'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3812' GR</u>	Name of Producing Formation <u>Abo</u>		Top Oil/Gas Pay <u>8152</u>		Tubing Depth <u>2-7/8" @ 8398'</u>			
Perforations <u>8152' - 8215'</u>					Depth Casing Shoe <u>8500'</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	<u>8-5/8"</u>		<u>3150'</u>					
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>8500'</u>		<u>2035 sxs, TOC 3117' T.S.</u>			

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 <u>8-23-90</u>	Date of Test <u>10-15-90</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>371</u>	Water - Bbls. <u>3,270</u>	Gas- MCF <u>273</u>

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.

Maria L. Perez
Signature
Maria L. Perez Proration Analyst
Printed Name
11-6-90 915/ 688-0375
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By DAVID E. HENDON - JERRY SEXTON
DISTRICT SUPERVISOR
Title _____

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.