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

See Instructions

Well API Na

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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| erator | | | | | В | 0-0 1 5- | -26524 | | | |
|--|---|-------------------------------|--|----------------------------|---------------------------|-----------------|----------------------|----------------|------------|--|
| Oryx Energy Company | | | | | | | | | | |
| P. O. Box 1861, Midla | nd. Texas | 79702 | | | | | | | | |
| ason(s) for Filing (Check proper box) | | | | Other (Please | explain) | | | | İ | |
| W Well | · · | ge in Transpo | | | | | | | | |
| completion | Oil Casinghead Gas | ☐ Dry Ga | | | | | | | | |
| change of operator give name | Sun Evnlo | ration 8 | & Produc | tion Co., P. | 0. Bo | x 1861 | l, Midla | nd, Tex | as 79702 | |
| d address of previous operator | | Laczon | | | | | | Sta | | |
| DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including | | | | Formation Kind of I | | | Lease No. | | | |
| To Italia | | | | I SIME, FO | | | deral or Fee LG-6350 | | 350 | |
| Mid-America State #1 | N 1/2 | | KICA IIOI | | | | | | | |
| Unit LetterF | 1784 | Feet F | rom The No | orth_Line and | 1650_ | Feet | From The | West | Line | |
| | | _ | 0.4 77 | , NMPM, | Lea_ | | | | County | |
| Section 2 Townshi | p 19-S | Range | 34-E | , NMPM, | цеа | | | | | |
| II. DESIGNATION OF TRAN | ISPORTER O | F OIL AN | ND NATUE | RAL GAS | | | Call's Co | is to be se | -() | |
| lame of Authorized Transporter of Oil | or C | ondensate | Accress (Give and est to what approved topy of | | | | | | | |
| Permian | | | Box 1183, Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent) | | | | | | | |
| Name of Authorized Transporter of Casin | ighead Gas | or Dr | y Gas 🕎 | Box 1320 Br | oadmoo | or Bld | g. Hobbs | s.N.M. | 88240 | |
| Llano, inc. | Unit Sec | Twp. | Rge | Is gas actually connect | ted? | When 7 | ? | | | |
| I well produces oil or liquids, ive location of tanks. | F 2 | 19- | | I - | 1-15-81 | | | | | |
| this production is commingled with the | from any other le | ase or pool, g | give commingl | ing order number: | | | | | | |
| V. COMPLETION DATA | | | | New Well Works | wer | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completion | | ii Well | Gas Well | New Heal House | | j, | | İ | <u> </u> | |
| Date Spudded | Date Compl. R | eady to Prod. | | Total Depth | | | P.B.T.D. | | | |
| | | | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| Elevations (DF, RKB, RT, GR, etc.) | levations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | Top Civ Cas 12y | | | I tuning Depar | | |
| Perforations | | | | | | | Depth Casin | g Shoe | | |
| Letterations | | | | | | | | | | |
| TUBING, CASING AND | | | | CEMENTING RI | CORD | | 1 | SACKS CEMENT | | |
| HOLE SIZE | CASIN | G & TUBING | G SIZE | DEPT | H SEI_ | | SACKS CLINEAT | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | - | | | | <u> </u> | | | |
| V. TEST DATA AND REQU | EST FOR AL | LOWABL | .E | a he equal to or exceed | i ton allow | able for thi | is depth or be | for full 24 ho | urs.) | |
| OIL WELL (Test must be after | Producing Method (Fiow, pump, gas lift, etc.) | | | | | | | | | |
| Date First New Oil Run To Tank | | | 16 . 6. | | | | | | | |
| Length of Test | Tubing Pressure | | | Casing Pressure | | | Choke Size | | | |
| | | | | Water - Bbis. | N. D. D. | | | Gas- MCF | | |
| Actual Prod. During Test Oil - Bbls. | | | | Martel - Doir | | | | | | |
| | | | | | | | | | | |
| GAS WELL | I samb of Ta | <u></u> | | Bbls. Condensate/N | MCF | | Gravity of | Condensate | | |
| Actual Prod. Test - MCF/D Length of Test | | | | \(\int_{\text{1}}\) | | | | | | |
| Testing Method (pitot, back pr.) | Tubing Press | Tubing Pressure (Shut-in) | | | nut-in) | | Choke Siz | E | | |
| | | | | | | | | | | |
| VL OPERATOR CERTIF | ICATE OF | COMPLI | LANCE | Olla | CON | SERV | ATION | DIVIS | ION | |
| I hereby certify that the rules and r | egulations of the C | il Conservati | ion above | | | | | | | |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | | | Date An | Date ApprovedJUN 1 9 1989 | | | | | |
| $\mathcal{O}_{\mathcal{O}}$ | 1) | | | Date Ap | ٠,٠٠٠ | | | | | |
| Maria Z. | Ву | By Orig. Signed by Paul Kautz | | | | | | | | |
| Signature | 5, | | | | Geolog | ist | | | | |
| Maria I. Perez | | | untant ide | Title | | | | | | |
| 4-25-89 | 91 | 5-688-0 | | - | | | | | | |
| Date | | Leleph | one No. | | حدير | _ | | | | |
| | | | | | | | | | | |

- 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.