Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	Energy, Minerals and N	New Mexico Vatural Resources De, ument	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
P.O. Drawer DD, Anesia, NM 88210 DISTRICT III	P.O. Santa Fe, New	Box 2088 Mexico 87504-2088	
I. TO TRANSPORT OIL AND NATURAL GAS			
Openation Floyd Operating (		DE AND NATORAL GAS	Well API Na 30-025-29992
Address 711 Louisiana, Su Reason(s) for Filing (Check proper bax)	uite 1740, Houston,	Texas 77002	
New Well Other (Please explain)   Recompletion Oil   Dry Gas			
Change in Operator Casinghead Gas Condensate C If change of operator give name and address of previous operator <u>OFYX Energy Company</u> , P.O. Box 2880, Dallas, TX 75221-2880			
II, DESCRIPTION OF WELL AND LEASE			
Lease Name Shoe Bar State Co	ompa. Well No. Pool Name, Inclu 1 Shoe Ba	ding Formation ar South Atoka	Kind of Lease Lease No. State, Federal or Fee E7567
Unit LetterN		South 2030	West
Section 15 Townsh	nip 17S Range 351	E, NMPM,	Lea County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS     Name of Authorized Transporter of Oil     Or Condensate     Phillips Petroleum Co. (Trucks)     Phillips Bldg., Bartlesville, OK 74003			
Name of Authorized Transporter of Casin Pinnacle Natural Ga		Address (Give address to which ap P.O. Box 11248	proved copy of this form is to be sent) , Midland, TX 79702-824
If well produces oil or liquids, give location of tanks.	N 15 17S 35I	E Yes	Whea ?
IV. COMPLETION DATA	from any other lease or pool, give comming	ling order number:	
Designate Type of Completion			epen Plug Back Same Res'v Diff Res'v
Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Perforations	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	TUBING CASING AND	CEMENTENIA DEGOCIO	Depth Casing Shos
HOLE SIZE	CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUES	T FOR ALLOWABLE		
Date First New Oil Run To Tank	ecovery of total volume of load oil and must Date of Test	be equal to or exceed top allowable ) Producing Method (Flow, pump, gas	or this depth or be for full 24 hours.) lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gaa- MCF
GAS WELL Actual Prod. Test - MCF/D	Length of Test		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-ia)	Bbls. Condensate/MMCF	Gravity of Condensate
VL OPERATOR CERTIFICATE OF COMPLIANCE		Casing Pressure (Shut-ia)	Choke Size
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.		OIL CONSERVATION DIVISION	
Lugar I top		Date Approved DEC 3 1 '92	
Signature Gregory J. Pox Manager of Productio		By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	
12/28/92 Dute	(713) 222-6275 Telephone No.	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 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.

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