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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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. 30-025-30603
Address P. O. Box 1861, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Request approval to move 1000 bbls of condensate
Change in Operator <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 Sun Federal Comm.	Well No. 1	Pool Name, Including Formation Antelope Ridge Atoka Gas	Kind of Lease State (Federal or Fee)	Lease No. NM43565
Location Unit Letter 0 : 1980 Feet From The East Line and 710 Feet From The South Line Section 27 Township 22-S Range 34-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2039, Tulsa, OK. 74102					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Gas contract now under negotiation					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 27	Twsp. 22-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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 6-10-89	Date Compl. Ready to Prod. 7-30-89		Total Depth 12,780'		P.B.T.D. 12,651			
Elevations (DF, RKB, RT, GR, etc.) 3407.8'	Name of Producing Formation Atoka		Top Oil/Gas Pay 12,096'		Tubing Depth 11,400'			
Perforations 12,096'-12,296'					Depth Casing Shoe 12,780'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		1741'		1700 sxs			
12 1/4"	9 5/8"		4865'		1850 sxs			
8 3/4"	7"		11,400'		1065 sxs			
6 1/8"	5" Liner		11,112'-12,780'		290 sxs			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 2143 CAOF, 1127 MCF	Length of Test 24 hrs	Bbls. Condensate/MMCF 80.5	Gravity of Condensate 59.2
Testing Method (pilot, back pr.) BP	Tubing Pressure (Shut-in) 2630#	Casing Pressure (Shut-in) PKr	Choke Size 10/64"

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
Printed Name
Maria L. Perez
Date
9-9-89
Accountant
Title
915-688-0375
Telephone No.

OIL CONSERVATION DIVISION

SEP 15 1989

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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.