

District I  
PO Box 1968, Hobbs, NM 88341-1968  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Brumas Rd., Aztec, NM 87410  
District IV  
PO Box 2000, Santa Fe, NM 87504-2000

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

☐ AMENDED REPORT

## I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1 Operator name and Address BTA OIL PRODUCERS 104 SOUTH PECOS MIDLAND, TEXAS 79701		2 OGRID Number 003002	
4 API Number 30-025-30686		3 Pool Name GRAMA RIDGE MORROW (GAS)	
7 Property Code 008556 16262		8 Property Name GRAMA RIDGE FED., 8817 JV-P	
5 Pool Code 77680		6 Pool Code 77680	
9 Well Number 1		Lease Name & CH 4-1-95	

## II. 10 Surface Location

Ul or lot no. B	Section 9	Township 22S	Range 34E	Lot. Idn	Feet from the 660	North/South Line NORTH	Feet from the 1980	East/West line EAST	County LEA
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## 11 Bottom Hole Location

Ul or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
B	9	22S	34E		660	NORTH	1980	EAST	LEA

12 Lse Code F	13 Producing Method Code F	14 Gas Connection Date 1989	15 C-129 Permit Number	16 C-129 Effective Date	17 C-129 Expiration Date
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## III. Oil and Gas Transporters

18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 POD ULSTR Location and Description
021778	Sun Co., Inc. (R&M) P.O.Box 2039 Tulsa, OK 74102	2023210	O	B 9 22S 34E
007057	EL PASO NATURAL P.O. BOX 1492 EL PASO, TEXAS 79978	2023230	G	B 9 22S 34E

## IV. Produced Water

23 POD	24 POD ULSTR Location and Description
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## V. Well Completion Data

25 Spud Date	26 Ready Date	27 TD	28 PBD	29 Perforations
30 Hole Size	31 Casing & Tubing Size	32 Depth Set	33 Sacks Cement	

## VI. Well Test Data

34 Date New Oil	35 Gas Delivery Date	36 Test Date	37 Test Length	38 Tbg. Pressure	39 Csg. Pressure
40 Choke Size	41 Oil	42 Water	43 Gas	44 AOF	45 Test Method

46 I hereby certify that the rules 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:

Printed name:

Dorothy Houghton

Title:

Regulatory Administrator

Date:

4-12-95

Phone:

(915) 682-3753

## OIL CONSERVATION DIVISION

Approved by:

ORIGINAL SIGNED BY JERRY SEXTON

Title:

DISTRICT I SUPERVISOR

Approval Date:

APR 19 1995

47 If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

ROD L. BAILEY

Printed Name

ANALYST

Title

04/01/95

Date

ORyx ENERGY Co. OGRID # 016587



Submit 5 Copies  
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

I.

Operator Oryx Energy Company		Well API No. 20-025-30686
Address P. O. Box 1861, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change Condensate Gatherer
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	Effective 2-1-91
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Grama Ridge Federal	Well No. 1	Pool Name, Including Formation Grama Ridge-Morrow Gas	Kind of Lease State, Federal or Fee	Lease No. NM033312-A
Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line Section 9 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) Box 2436, Abilene, Texas 79604					
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) Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 9	Twp. 22-S	Rge. 34-E	Is gas actually connected? Yes	When? 1-16-90

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	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  
Maria L. Perez Proration Analyst  
Printed Name  
1-23-91 Title  
Date A/C915-688-0375  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 23 1991  
By \_\_\_\_\_  
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.