

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

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

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

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

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

Operator Oryx Energy Company		Well API No. 30-025-30686
Address P. O. Box 1861, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
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 Grama Ridge Federal	Well No. 1	Pool Name, Including Formation Grama Ridge-Morrow Gas	Kind of Lease State, Federal or Fee	Lease No. NM-033312-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 1188, Houston, Texas 77251-1188					
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. 22S	Rge. 34E	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
		X	X					
Date Spudded 10-14-89	Date Compl. Ready to Prod. 12-3-89		Total Depth 13,350		P.B.T.D. 13,362'			
Elevations (DF, RKB, RT, GR, etc.) 3600' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 13,019'		Tubing Depth 2 3/4" + 2 1/8" @ 12,955'			
Perforations 13019'-13039'					Depth Casing Shoe 13,348			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	1720'	1300 Sxs
12 1/4"	9 5/8"	5000'	2025 Sxs
8 3/4"	7"	11700'	1100 Sxs
6 1/8"	4 1/2" Liner	11468' TOL - 13,348'	280 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 3285	Length of Test 24 hr.	Bbls. Condensate/MMCF 35	Gravity of Condensate 53.5° API
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 5200	Casing Pressure (Shut-in) 0	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.

Maria L. Perez
Signature
Maria L. Perez, Proration Analyst
Printed Name
1-16-90 **915-688-0375**
Date Telephone No.

OIL CONSERVATION DIVISION

JAN 22 1990

Date Approved

By

Orig. Signed by
Paul Kautz
Geologist

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.