

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

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Oryx Energy Company	Well API No. 30-025-30699
Address P. O. Box 1861, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input 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 Ojo Chiso Federal	Well No. 2	Pool Name, Including Formation Antelope Ridge-Atoka Gas	Kind of Lease State, Federal or Fee	Lease No. NM 43564
Location Unit Letter 0 : 2030 Feet From The East Line and 990 Feet From The South Line Section 26 Township 22-S Range 34-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Enron Trading & Transportation Co.	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				
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company	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 0	Sec. 26	Twp. 22-S	Rge. 34-E	Is gas actually connected? Yes	When? 4-13-90

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 12-11-89	Date Compl. Ready to Prod. 2-12-90		Total Depth 13,650		P.B.T.D. 13,595			
Elevations (DF, RKB, RT, GR, etc.) 3415.0' GR	Name of Producing Formation Atoka		Top Oil/Gas Pay 12,156'		Tubing Depth 2-7/8" & 2-3/8" @ 12,079'			
Perforations 12,156' - 12,316'					Depth Casing Shoe 13,648'			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	1800'	1700 sxs - Surf.
12 1/4"	9 5/8"	4850'	2050 sxs - Surf.
8 3/4"	7"	11,835'	1100 sxs - 5800' TOC by T.S
6 1/8"	4 1/2" Liner	11,530 TOL-13,648' BOL	315 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 1799	Length of Test Cac1. 24-hr. rate	Bbls. Condensate/MMCF 242	Gravity of Condensate 48.2
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (Shut-in) 2585	Casing Pressure (Shut-in) 0	Choke Size 15/64"

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 Perez Title Proration Analyst  
Date 4-24-90 Telephone No. 915/688-0375

OIL CONSERVATION DIVISION

Date Approved MAY 10 1990  
By Paul Hantz  
Title Geologist

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.