

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

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

Operator Oryx Energy Company		Well API No. 30-025-06631
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 in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Sun Exploration & Production Co., P. O. Box 1861, Midland, Texas 79702		

Lease Name State Land 15		Well No. 2	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>16</u> Township <u>21-S</u> Range <u>37-E</u> , <u>NMPM</u> Lea County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79702				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Producing Inc.		Address (Give address to which approved copy of this form is to be sent) P. O. Box 3109, Midland, Texas 79702				
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 16	Twp. 21S	Rge. 37E	Is gas actually connected? Yes	When ?
If this production is commingled with that from any other lease or pool, give commingling order number: <u>DNC-222</u>						

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		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test - MCF/D	Length of Test	Casing Pressure (Shut-in)		Choke Size	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				

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. <u>Maria L. Perez</u> Signature Maria L. Perez Printed Name 4-25-89 Date Accountant 915-688-0375 Telephone No.	
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OIL CONSERVATION DIVISION JUN 19 1989	
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.