Submit 5 Copies Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbe, NM 88240

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

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

State of New Mexico Energy, Minerals and Natural Resources Department

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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							<u> </u>	Well /	API No.		<u> </u>		
Oryx Energy Company									30-025-06692				
Address													
P. O. Box 1861, Mid	land, 1	Texas 7	7970	2									
Reason(s) for Filing (Check proper box)					Oth	et (Please exp	dain)						
New Well		Change in											
Recompletion	Oil	_	Dry	_		Chang	ge Oi	il Ga	therer	effectiv	7e		
Change in Operator	Casinghes	d Gas	Cond	camic		9-1-8	39						
If change of operator give name and address of previous operator													
• •									<u> </u>				
L DESCRIPTION OF WELL AND LEASE								T			leral		
Lease Name				Name, Includi				Kind of Lease State, Federal or Fee			Lease No.		
E. Elliott B		1	BT	inebry ()il & Gas	3		,		LC-0	<u>32591-B</u>		
Location		-											
Unit LetterD	: 660)	_ Feet	From The <u>NC</u>	orth Lin	and <u>660</u>) ·	Fe	st From The .	West	Line		
	- 01 0		Basa	- 27 5	NT.			τ			County		
Section 20 Townshi	<u>p 21-S</u>		Kang	■ <u>37-E</u>	, ru	MPM,		Lea			county		
III. DESIGNATION OF TRAN	SPORTE		TT. A		RAL GAS								
Name of Authorized Transporter of Oil		or Conde				e address to v	which a	pproved	copy of this f	orm is to be se	ent)		
Enron Oil Trading & T	ranspor	rtatio	n	X	ł				<u>, 7725</u>				
Name of Authorized Transporter of Casing				ry Gas 🔀					copy of this f		ent)		
Texaco Producing, Inc	-				P. O.	Box 310)9. 1	Midla	und. Tex	as 7970)2		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actuall			When					
give location of tanks.	D	20	21	-S 37-E	Yes	š		I					
If this production is commingled with that	from any oti	her lease or	pool, p	give comming	ing order num	ber:	(Dİ	IC -	206				
IV. COMPLETION DATA											<u> </u>		
		Oil Wel	1	Gas Well	New Well	Workover	D	eepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion					L	[I				
Date Spudded	Date Com	pl. Ready u	o Prod.		Total Depth				P.B.T.D.				
					Top Oil/Gas Pay								
Elevations (DF, RKB, RT, GR, etc.) Name of Producing F				00					Tubing Dep	Ch .			
Perforations	<u> </u>								Depth Casing Shoe				
									pai Casti				
		TIRNC	CAS		CEMENT	NG RECO	RD						
HOLE SIZE	TUBING, CASING AND -CASING & TUBING SIZE				DEPTH SET					SACKS CEMENT			
HOLE GIZE													
······································													
	1												
V. TEST DATA AND REQUES					<u>,</u>								
OIL WELL (Test must be after r	recovery of L	otal volume	of loa	d oil and must						for full 24 hou	ors.)		
Date First New Oil Run To Tank	Date of Te	est			Producing M	ethod (Fiow,	pump, g	gas lift, i	eic.)				
Length of Test	Tubing Pr	Tubing Pressure			Casing Pressure				Choke Size				
					Water - Bbis.				Gas- MCF				
Actual Prod. During Test	Oil - Bbls.				Waler - DOL								
L					<u> </u>				_1				
GAS WELL													
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF				Gravity of Condensate					
L	Tubing Prototo (Churt			Caring Program (Chut in)				Choke Size					
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)								
L	1				┧┍─────				_ <u>L</u>	. <u></u>			
VI. OPERATOR CERTIFIC	CATE OI	F COM	PLIA	NCE					ATION	אופועות	אכ		
I hereby certify that the rules and regul													
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					AUG 1 7 1989								
to how such overspecies to the best of my	-TOAKARC !				Date	Approv	ed _						
Signature					By GRIGINAL SKINED BY JERRY SEXTON								
Maria L. Perez Accountant					DISTRICT I SUPERMISOR								
Printed Name			Title		Title								
8-8-89	915	5-688-0											
Date		Te	lephone	e No.	11								

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.

PN 826320