Submit 5 Copies
Appropriate District Office
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico rgy, Minerals and Natural Resources Departm

Form C-104 Revised 1-1-89

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 I.			R ALLOWA ISPORT O							
Operator ORYX ENERGY COMPANY						Well API No. 30-025-30100				
Address P.O. BOX 2880 DALLAS, TE	XAS 7522	1-2880								
Reason(s) for Filing (Check proper box)				Out	ver (Please expl	•				
New Well			ransporter of:		Chitag	95 TR	MN5.			
Recompletion	Oil	_	Ory Gas 📙			- /- 93				
Change in Operator	Casinghea	Gas [] C	condensate							
If change of operator give name and address of previous operator ORY	X ENERGY	COMPANY	, P.O. BOX	(2880. DA	LLAS. TX	75221-2	880			
II. DESCRIPTION OF WELL AND LEASE					· -	I Vind	of Lease			
Lease Name Well No. Pool Name, Includi				•	State. 1			Federal or Fee STATE		
NEW MEXICO -G- STATE		1 (OIL CENTER	GLORIETA		ISTAT	<u>E</u>	JUNIE	·	
Location Unit Letter U	:650	.650 Feet From The SOUTH Line and 550					Feet From The WEST Line			
Section 2 Townsh	nip 21-	-S <u>R</u>	lange 36-F 2	E,N	мрм,		LEA		County	
III. DESIGNATION OF TRA	NSPORTE	R OF OIL	AND NATU	JRAL GAS						
Name of Authorized Transporter of Oil X or Condensate EOTT OIL PIPELINE COMP. ENERGY CORP.				Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4666 HOUSTON, TEXAS 77210-4666						
Name of Authorized Transporter of Casinghead Gas S Corporation PHILLIPS 66 NATURAL GAS CO. GPM Gas Corporation				1	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK ODESSA, TEXAS 79760					
If well produces oil or liquids, give location of tanks.	Unit R	Sec. 11	wp. Rge 21S 36-E	Is gas actually connected? When YES			7 3/18/88			
If this production is commingled with that	from any other	er lease or po	ol, give commin	gling order num	ber:					
IV. COMPLETION DATA Decignate Type of Completion	· · · · · · · · · · · · · · · · · · ·	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	Same Res'v	Diff Res'v	
Designate Type of Completion		Deedu to B	1	Total Depth	l	اـــــا	1		L	
Date Spudded Date Compl. Ready to Prod.							P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations				1				Depth Casing Shoe		
		unnic c	A CINIC AND	CTENTENTT	NC DECOR		<u> </u>			
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				CEMENTI	DEPTH SET		SACKS CEMENT			
HOLE SIZE	LAS	NO & TUB	ING SIZE	- 	DEFIN SET		SACKS CEMENT			
								· 		
				- 						
				-						
V. TEST DATA AND REQUE OIL WELL (Test must be after				t be equal to or	exceed too allo	owable for this	depth or be for	r full 24 hour:		
Date First New Oil Run To Tank	Date of Test				ethod (Flow, pu				 -	
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF		
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conden	Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
M ODED A TOD OTTOTAL	ATTE OF	COM	TANCE	·\						
VI. OPERATOR CERTIFIC				(DIL CON	ISERV	ATION D	IVISIO	N	
I hereby certify that the rules and regu- Division have been complied with and									. •	
is true and complete to the best of my knowledge and belief.				Date	Date Approved ou 1 o 4000					
120-118: 12.					Date Approver 1 2 1993					
Signature	-41_			By _i	MILE MALSI	GNED BY	ERRY SEXT	ON		
ROD L. BAILEY	PRORATION ANALY DISTRICT I SUPERVISOR									
Printed Name	Title Title									

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

11/4/93

Date

- 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.

(214) 715~4828 Telephone No.

- 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.