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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TC	TRAN	SPO	RT OIL	TAN DNA	URAL GA	<u>S</u>	TNo.			
perator						Weil API No. 30-025-09943					
Oryx Energy Company						30-023-03343					
P. O. Box 1861, Midl	and. Texa	as 7970	2								
eason(s) for Filing (Check proper box)	did, rom				Othe	t (Please explai	n)				
ew Well		hange in Tr	-	er of:							
ecompletion	Oil		ry Gas								
hange in Operator	Casinghead (ondens				7 100	1 16: 11	and Tox	7970	
change of operator give name d address of previous operator	Sun Exp	loratio	n &	Produc	tion Co	., P. O.	Box 186	1, Midi	and, lex	as /9/0	
DESCRIPTION OF WELL	AND LEAS	SE					V:- 4 of	I come	le le	ass No.	
ase Name Well No. Pool Name, Includin					610112202			Cress Federal or Fee			
Walter Lynch	<u> </u>	2	want	z Gran	ite Was	n			Fee		
Ocation Unit Letter	. 1980	F	eet Fro	m The So	uth Lin	and 660	· Fee	t From The	West	Line	
	. 22 6			37-E			Lea			County	
Section 1 Townsh	ip 22-S	X	lange	37-E	, NI	МРМ,	цеа				
II. DESIGNATION OF TRAI				NATUE	RAL GAS	e address to wi	ich an a med	come of this fi	orm is to be se	nt)	
Name of Authorized Transporter of Oil		or Condensa	re [Box 1510					
Texas New Mexico Pipe	line Co.	[X] c	or Dry (Gas [Address (Gi	e address to wi	ich approved	copy of this f	orm is to be se	nt)	
lame of Authorized Transporter of Casinghead Gas X o Texaco Producing					Address (Give address to which approved a P. O. Box 3109, Midland						
If well produces oil or liquids,	Unit	Sec.			Is gas actually connected? When			-			
ive location of tanks.	i	i				Yes	L	BHC 272			
this production is commingled with the	t from any othe	r lease or po	ool, giv	e commingli	ing order num	ubber:			974C 3	- 1,1-	
V. COMPLETION DATA					r	777 . 4	Descrip	Plue Back	Same Res'v	Diff Res'v	
Designate Type of Completion	n - (X)	Oil Well	0	ias Well	New Well	Workover	Deepen	Flug Dack	Same Res	ļ	
Date Spudded					Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation											
Perforations					<u></u>			Depth Casi	ng Shoe		
					CTIL CELET	DIC DECOI	-	<u> </u>			
	TUBING, CASING AND				DEPTH SET			SACKS CEMENT			
HOLE SIZE	CAS	CASING & TUBING SIZE			DEF IT SET						
						· · · · · · · · · · · · · · · · · · ·					
				•							
V. TEST DATA AND REQU	EST FOR A	LLOWA	BLE	•			n 19. £ al.	والأسمال ما المالية	. for full 24 hor	ime l	
OIL WELL (Test must be after	er recovery of to	stal volume	of load	oil and mus	t be equal to	or exceed top at Method (Fiow, p	nump ens lift.	esc.)	: jor juli 24 no	<i></i>	
Date First New Oil Run To Tank	Date of Te	Date of Test				vicana (1 10%)	νω τφ, 8-2 191,				
Length of Test	Tubing De-	Tubing Pressure Oil - Bbls.				Casing Pressure Water - Bbls.			Choke Size Gas- MCF		
Length of Test	1 doing . iv										
Actual Prod. During Test	Oil - Bbls.										
GAS WELL							 	IC	Candrage		
Actual Prod. Test - MCF/D	Leagth of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
	TOLET N	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
Testing Method (pilot, back pr.)	I uping Pr										
VL OPERATOR CERTIF	TCATE O	F COM	AT TO	NCE		0" 00	, LOED!	/ATIO	LDN//C'		
I hereby certify that the rules and t	egulations of the	e Oil Conse	rvation	1,02	ll l	OIL CC	NSEH		I DIVISI		
Division have been complied with	and that the infe	ormation giv	en abo	ve	H				JN 19	1989	
is true and complete to the best of	my knowledge	and belief.			Da	ite Approv	/ed	91	711 - 0		
M_{π}	12.					• •				1	
_11/aua t.	11192				Ву	·		Or	ig. Signed	D y .	
Signature Maria I., Perez	0	\ Ac	coun	tant				1	Paul Kaut Geologist	AEB ;	
Maria L. Perez Printed Name			Title		Tit	le			GEOTORIS.	- 	
4-25-89	. 9	15-688			- - ' ''						
Date		Te	lephone	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.