umit 5 Copies propriate District Offics STRICT I 3. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instruction

STRICT II). Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

TO TRANSPORT OIL AND NATURAL GAS

STRICT III 00 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

									ell API No. 30-025-10302			
Oryx Energy Company								30 023 2002				
idress	nd Texa	ae 797	02									
P. O. Box 1861, Midla eason(s) for Filing (Check proper box)	nu, rexe	15 , , ,	<u>,</u>			Other	(Please explain)				
ew Well	C	hange in]	ranspo	rter of:	_							
ecompletion	Oil		Dry Ga		لـ							
hange in Operator	Casinghead (Gas 🔲	Conden	sate [_							
change of operator give name	Cun Evn	lorati	on 8	۶ Pro	nduc	tion Co.	. P. O.	Box 186	61, Midl	and, Tex	as 79702	
d address of previous operator			COIL		Juuc	22011 301				Federa		
DESCRIPTION OF WELL AND LEASE							Via				Lease No.	
se Name Well No. Pool Name, including F									Kind of Lease State, Federal or Fee		NM557257	
Elliott "B" 15		41	Dri	nkar	<u>d</u>					· IVII.	1231	
ocation											T :	
Unit Letter _A	510	·	Feet F	rom Th	• <u>No</u>	orth Line	and660	Fe	et From The _	-East -	Line	
							me I a a				County	
Section 15 Townshi	22-S		Range	37	<u>-E</u>	, NM	грм, Lea					
			·-									
II. DESIGNATION OF TRAN	SPORTER	OF O	L AP	ND NA	TUR	Address (Give	address to wh	ich approved	copy of this fo	orm is to be se	nt)	
Name of Authorized Transporter of Oil	$\square X$	or Conden	531E				Box 1509					
Shell Pipeline Co.			or Dr		==-	Address (Gine	BOX 1309	ich approved	L copy of this f	orm is to be se	ni)	
Name of Authorized Transporter of Casin	ghead Gas	ead Gas				Address (Give address to which approved to P. O. Box 3109, Midlan						
Texaco Producing Inc.	1				Pag	is gas actually connected?			When?			
If well produces oil or liquids, give location of tanks.	Unit	Sec. 15	Twp. 1 225		Rge. 7E	Yes	, comicana.	i				
the location of things.							ner:			·		
f this production is commingled with that	nom any out	et lease or	poor, g	AAS CON	mm.g.,	ng orom nam.						
V. COMPLETION DATA		lon wa		Gas W	/e11	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate: Type of Completion	- (X)	Oil Wel	'	Qas w	CII		1	i	i	İ	1	
	Date Comp	N Ready t	o Prod.			Total Depth		<u> </u>	P.B.T.D.			
Date Spudded	Date Comp	a. Romy i	0 1 100			•			-			
Playations (DF RKR RT, GR, etc.) Name of Producing Formation						Top Oil/Gas	Pay		Tubing Dep	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)					•							
Perforations						<u></u>			Depth Casi	ng Shoe		
Petiorations								•				
		TIRING	CAS	SING	AND	CEMENTI	NG RECOR	ED .				
1101 5 8175	7 100 A 7100 A 7100 A 6175					DEPTH SET				SACKS CEMENT		
HOLE SIZE	<u> </u>	O/O/MG G / GO/MG G/G										
				-								
V. TEST DATA AND REQUI	EST FOR	ALLOV	VABL	E			•	. "				
OIL WELL (Test must be after	recovery of t	otal volum	e of lo	ad oil a	nd mus	t be equal to o	r exceed top al	lowable for t	his depth or b	e for full 24 ho	rurs.)	
Date First New Oil Run To Tank	Date of To	est				Producing N	Method (Fiow, p	nump, gas lift	i, eic.)			
									Choke Siz			
Length of Test	Tubing Pr	Tubing Pressure					Casing Pressure					
		1 -								Gas- MCF		
Actual Prod. During Test Oil - Bbls.						Water - Bbi	is.		Gas- MC			
						<u> </u>						
CACTATELY												
GAS WELL Actual Prod. Test - MCF/D Length of Test						Bbls. Cond	ensate/MMCF		Gravity o	Gravity of Condensate		
Artini Flot. Test - Mc115	Tenkni of year											
Testing Method (puot, back pr.) Tubing Pressure (Shut-in)						Casing Pressure (Shut-in)			Choke Si	Choke Size		
lesting Medica (pass, sack p.)		,	•									
- ATTO LEGAL CENTURE	TO A TITE O	T CO)	ADY I	ANIC	TC							
VI. OPERATOR CERTIF					نا.	H	OIL CO	NSER	VATION	1 DIVISI	ION	
I hereby certify that the rules and re Division have been complied with:	guiations of the	ie Uli Con formation	given a	bove bove		11			111M	1919	19	
is true and complete to the best of	ny knowledge	and belief	[.	50.0		Do.	to Approx	nod	JUN	I O MA	,0	
00	()					Da	te Approv	· · · · · · · · · · · · · · · · · · ·				
Maria Y Louis						11		ORIGIN	IAL SIGNE	BY JERSY	SEXTON	
_ IIuua d. Ilah						Ву		-		SUPERVISO		
Signature Maria L. Perez	\cup	`A	ccou	intan	t_							
Printed Name			Ti	tle		Tit	le					
4-25-89	• •	915-68										
Date		•	Telepho	one 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.

RECEIVED

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