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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	T	O TRANS	PORT OIL	AND NA	TURAL GA		B().7			
Operator					Weil API No.					
Oryx Energy Company					30-025-10330					
Address P. O. Box 1861, Mi	dland T	exas 79	702							
Reason(s) for Filing (Check proper box)	drand, 1	CAGS 77	702	Oth	t (Please expla	iin)				
New Well		Change in Trai	• —							
Recompletion	Oil	∐ Dry				0.0				
Change in Operator	Casinghead	Gas Co	ndensate	Effec	tive 7-1	-89				
change of operator give name and address of previous operator		· · · · · · · · · · · · · · · · · · ·						 		
I. DESCRIPTION OF WELL	. AND LEA	SE					C	Federa	1	
Lease Name		Weil No. Pool Name, Includin						ind of Lease No.		
Elliott "B" 17 3			Drinkard			State,	Federal or Fe	NMO	01410	
Location										
Unit LetterC	:3	30Fe	t From TheN	lorth Lin	and231	0 Fe	et From The	West	Line	
	. 00 0	_	27 5	> 77	CDD /	т			County	
Section 17 Towns	nip 22–S	Ra	nge 37-E	, NI	MPM,	Lea			County	
II. DESIGNATION OF TRA	NSPORTE	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	ſΧ̈́	or Condensate		Address (Giv	e address to w	tich approved	copy of this f	orm is to be se	nt)	
Phillips Petroleum		4001 Penbrook St., Odessa, Texas 79762								
Name of Authorized Transporter of Casi	nghead Gas	thead Gas 🔽 or Dry		Address (Give address to which approved copy of this form is to be s						
	Texaco Producing, Inc.			P. O. Box 3109, Midland, Texas 7					17	
If well produces oil or liquids, ive location of tanks.	Unit	Sec. Tw					hen?			
f this production is commingled with that	C C		-S 37-E	Yes	her					
V. COMPLETION DATA	i Hom any our	or rease or poor	, gree community	ing older nam	-			···	 -	
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	1 - (X)	İ	Ĺ	Ì	<u></u>	1	<u> </u>		1	
Date Spudded	Date Comp	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
OF OWN OF CO.				Top Oil/Gas	Pav	Table a Death				
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation				isp cases,			Tubing Depth			
Perforations				L	 		Depth Casin	ng Shoe		
						•				
	TUBING, CASING AND									
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
							ļ			
		<u></u>			·		-			
V. TEST DATA AND REQUI	EST FOR A	LLOWAB	LE	<u> </u>			<u> </u>			
OIL WELL (Test must be after	recovery of to	tal volume of l	oad oil and must	be equal to or	exceed top all	owable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te				ethod (Fiow, p					
							1 Ct11 - C:			
Length of Test	Tubing Pre	ssure		Casing Pressure			Choke Size			
	Oil - Bbls.				Water - Bbis.			Gas- MCF		
Actual Prod. During Test			TT MANUA " APPAIGN							
CACTED I				1			.1			
GAS WELL Actual Prod. Test - MCF/D	Length of	Test		Bbls Conde	sate/MMCF		Gravity of	Condensate	- 	
ACUM FIOR 1086 - MICE/D	Length of	a vot								
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
								.:		
VI. OPERATOR CERTIFI	CATE OF	COMPL	ANCE		011 00:			D.0.4016		
I hereby certify that the rules and reg						VSERV	ATION	DIVISIO	NC	
Division have been complied with an	nd that the info	rmation given a					. 111	N 2 6 1	QQQ	
is true and complete to the best of m	y knowledge a	nd belief.		Date	Approve	ed		17 % U	DUU	
Ilai P	<i>D</i> ,						CIOSIAN -	W 1====		
10004 - 1	-625			By_		DI	L DICT I C	SY JERRY S	EXTON	
Signature Maria L. Perez	A	ccountan	t	-,_			- 1 1 3 	NEKAIZOK		
Printed Name			ile	Title	!					
_6-21-89	91	5-688-03								
Date		Telepho	one No.	Н						

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.