

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Oryx Energy Company		Well API No. 30-025-30872
Address P. O. Box 1861, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Request to move 700 bbls of condensate	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE		Federal
Lease Name Gila 4 Deep Com.	Well No. 1	Pool Name, including Formation Wildcat
Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee		Lease No. NM 19859
Location Unit Letter <u>G</u> : 1975 Feet From The <u>North</u> Line and 1980 Feet From The <u>East</u> Line Section <u>4</u> Township <u>25-S</u> Range <u>33-E</u> , <u>NMPM</u> Lea County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Pride Pipeline Limited Partnership	Address (Give address to which approved copy of this form is to be sent) Box 2436, Abilene, Texas 79604
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1188, Houston, Texas 77251
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? G 4 25-S 33-E Yes 9-18-90
If this production is commingled with that from any other lease or pool, give commingling order number:	

IV. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>
Date Spudded 5-6-90	Date Compl. Ready to Prod. 7-18-90
Elevations (DF, RKB, RT, GR, etc.) 3442.6' GR	Name of Producing Formation Atoka
Perforations 14,276' - 14,334'	Total Depth 15,700'
TUBING, CASING AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
17-1/2"	13-3/8"
12-1/4"	9-5/8"
8-3/4"	7"
6-1/8"	4-1/2" Liner Top 12,868', Btm 15,698'
DEPTH SET	
650'	
5100'	
13085'	
SACKS CEMENT	
630 sxs	
2215 sxs	
1350 sxs	
665 sxs	

V. TEST DATA AND REQUEST FOR ALLOWABLE	
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)	
Date First New Oil Run To Tank	Date of Test
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Tubing Pressure
	Casing Pressure
	Choke Size
	Water - Bbls.
	Gas- MCF

GAS WELL	
Actual Prod. Test - MCF/D 11200	Length of Test 24 hr. Calc.
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 5245
Bbls. Condensate/MMCF 46	Gravity of Condensate 48.5
Casing Pressure (Shut-in) 0	Choke Size 14/64"

VI. OPERATOR CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Signature Maria L. Perez	Proration Analyst
Printed Name 10-9-90	Title 915-688-0375
Date	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved <u>SEP 11 1990</u>	
By <u>ORIGINAL SIGNATURE OF DISTRICT MANAGER</u>	
Title	

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.