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
See Instructions
at Bottom of Page

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator FLOYD OPERATING COMPANY 30-025-26916 Address 711 LOUISIANA, STE 1740, HOUSTON, TX 77002 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Dry Gas  $\mathbf{X}$ Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator

ORYX ENERGY COMPANY, P.O. BOX 2880, DALLAS, TX 75221-2880 II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Well No. | Pool Name, Including Formation Lease No. JENNINGS 'B' FEDERAL LUSK YATES NORTHEAST NM025497 FEDERAL Location . 2440 Feet From The SOUTH Line and 2290 Feet From The WEST Unit Letter K 15 19\$ Township Range 32E , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil
TEXAS NEW MEXICO PIPE Address (Give address to which approved copy of this form is to be sent) or Condensate P.O. BOX 2528, HOBBS, NEW MEXICO 88240 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) PHILLIPS PIPELINE COMPANY GPM Gas Corporation 1ST FLOOR PHILLIPS BLDG, BARTLESILLE, OK 74004 If well produces oil or liquids, give location of tanks. Unit S∞. Rge. Is gas actually connected? When? Κ 198 32E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE **CASING & TUBING SIZE DEPTH SET** SACKS CEMENT 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 Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Water - Bbls. Gas- MCF Oil - Bbls. GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tosting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above DEC 2 2 '92 is true and complete to the best of my knowledge and belief. Date Approved \_\_\_ Ather Stac ORIGINAL SIGNED BY JERRY SEXTON

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.

Title\_

DISTRICT I SUPERVISOR

2) All sections of this form must be filled out for allowable on new and recompleted wells.

EXEC. V.P.

Title

(713) 222-6275

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.

JOHN N. BLACK

12-11-92

Printed Name

Date

RECEIVED

UNU 1 & 1992

OUT HOSES OFFICE