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DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico , Minerals and Natural Resources Departmer

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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., Azzoc, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator			-				Well	API No.			
Oryx Energy Company					•		30	-025-044	55		
Address											
P. O. Box 1861, Midla	nd, Te	xas 7	9702	·						· · · ·	
Reason(s) for Filing (Check proper box)		_			-	et (Please expla	•				
New Well		Change in	•	<b>□</b> ∇7		exaco Pr	_				
Recompletion $\Box$	Oil		Dry G	25 🖾	They	are taki	ng thei	r gas in	ı kind,	split	
Change in Operator	connection.										
f change of operator give name and address or previous operator											
•	4 N ID I D									· · · · ·	
L DESCRIPTION OF WELL	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·			T		•	
Lease Name	Weil No. Pool Name, Includi							Kind of Lease State, Federal or Fee		Lease No.	
J. A. Akens					ates 7 Rvrs			Fee Fee			
Location	1.0	,		QN (Pro	•						
Unit Letter	: 46	b	Feet F	rom The	West Lin	e and <u>1981</u>	Fe	et From The .	South	Line	
Coming 2 True 1	21 C		_	26 E		ome T.				_	
Section 3 Township	21-S		Range	36-E	, N	MPM, Lea	<del></del> -	<del> </del>	· ,	County	
II. DESIGNATION OF TRAN	CPADTE	D OF O	II AN	ID NATE	DAT CAS						
Name of Authorized Transporter of Oil	CIURIE	or Conden		C IVAIU		e address to wh	ich approved	copy of this f	orm is to be s	ent)	
None										· -,	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1402, El Paso, Iexas 7999 P. O. Box 3109, Midland, Texas 79702					ent)	
Texaco Producing, Inc.  If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.				When 7			
give location of tanks.	, om 1		,. <del>∞</del> μ	Kgc	is gas actival	, winderen	i when				
f this production is commingled with that i	rom any oth	er lease or	pool. zi	ve comminoi	ing order num	ber:					
V. COMPLETION DATA	• -	<del>-</del>	. , ,		<u></u>						
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	1	i		1	1	İ	ĺ	İ	i	
Date Spudded	ol. Ready to	Prod.		Total Depth		<del></del>	P.B.T.D.				
Javanione /DE DEP DT CD at a large of Destroine To a l					Top Oil/Gas Pay						
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation								Tubing Depth			
Perforations	<u> </u>	<del></del>			l			Depth Casir	g Shoe		
									- <b>B</b> 5		
	7	UBING.	CASI	NG AND	CEMENTI	NG RECOR	D	<u>'</u>	·		
HOLE SIZE	<del></del>	CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT			
V. TEST DATA AND REQUES											
OIL WELL (Test must be after no Date First New Oil Run To Tank	T		of load	oil and must	<del></del>	<del> </del>	<u>·</u>		for full 24 hou	ers.)	
Pere Lum Less Oli Kun 10 150K	Date of Te	EL .			Liouncing W	ethod (Fiow, pu	mφ, gas iyi,	esG.)			
Length of Test	Tubing Pro	Oubing Pressure				Casing Pressure			Choke Size		
	100mg rie	oine i resonic				American Commercial Co					
Actual Prod. During Test	Oil - Bbls.				Water - Bbis			Gas- MCF			
-											
GAS WELL					<del> </del>		<del></del>	<del></del>	1		
had Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
								•			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Press	ure (Shut-in)		Choke Size			
-											
VI. OPERATOR CERTIFIC	ATE OF	COME	PLIAI	VCF.							
I hereby certify that the rules and reguli					(	OIL CON	ISERV	ATION	DIVISIO	NC	
Division have been complied with and that the information given above											
is true and complete to the best of my	cocwledge as	nd belief.			Date	Approve	α	M/	NR 23	1990	
11 . 4 1)	7										
Moria Z-Ke	25			<del></del>	B <sub>V</sub>	ORIG	INAL SIG	ISL YS GSW	RRY SEXTO	Ñ	
Signature Maria L. Perez Proration Analyst					By ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR						
Printed Name	1101	acton .	Title	, 3 .	J						
3-21-90	915-	688-03			Title						
Date			phone l	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.