Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico ergy, Minerals and Natural Resources Departr

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator ORYX ENERGY COMPANY 30-025-20362 Address P.O. BOX 2880 DALLAS, TEXAS 75221-2880 Other (Please explain) Reason(s) for Filing (Check proper box) New Well Change in Transporter of: ChAngs ☑ Dry Gas ☐ Oil Recompletion Casinghead Gas Condensate Change in Operator 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 Well No. | Pool Name, Including Formation Leane No. State, Federal or Fee J. A. AKENS OIL CENTER BLINEBRY Location .990 Feet From The EAST Line and 1648.5 Feet From The SOUTH Unit Letter Q Line 21-S Range 36-E 3 LEA Township , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate \mathbf{X} EOTT OIL PIPELINE COMP. ENERGY CORP. P.O. BOX 4666 HOUSTON, TEXAS 77210-4666 me of Authorized Transporter of Casinghead Gas S or Dry Gas Address (PHILLIPS 66 NATURAL GAS CO. GPM Gas Corporation, 211/42 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK ODESSA, TEXAS 79760 Twp Sec. Rge. is gas actually connected? Unit When ? | 215 | 36-E give location of tanks. R 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 Reav Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Casing Pressure Choke Size Length of Test Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Actual Prod. Test - MCF/D Bbls. Condensate/MMCF Length of Test Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Date Approved NOV 12 1993 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. ORIGINAL SIGNED BY JERRY SEXTON Signature ROD L. BAILEY DISTRICT I SUPERVISOR PRORATION ANALY

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

Title_

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

Title

(214) 715-4828

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.

Printed Name

Date