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

State of New Mexico ergy, Minerals and Natural Resources Depart

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM \$7410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TOT	TRANSPORT C	OIL AND NATURAL GA	AS		
Operator ORYX ENERGY COMPANY		į į	API No.			
Address	TVAC 70711 00			130-0	025-26069	- 1
P.O. BOX 2880 DALLAS, TE Reason(s) for Filing (Check proper box)		180	Other (Please expla	nia l		
New Well		ge in Transporter of:			TPHUT	
New Well Change in Transporter of: CHING 5 OF TE HIS. Recompletion						
If change of operator give name				75004		
•		PANT, P.O. BO	X 2880. DALLAS, TX	/5221-7	2880	
II. DESCRIPTION OF WELL	L AND LEASE Well I	No. Pool Name, Inclu	rding Formation / 3	a N Kind	of Lease	Lease No.
J. A. AKENS	10	į.			Federal or Fee	FEE
Location					- 1	<u> </u>
Unit Letter V : 660 Feet From The SOUTH Line and 1650 Feet From The WEST Line						
Section 3 Towns	hip 21-S	Range 36-E	, NMPM,		LEA	County
III. DESIGNATION OF TRA						
Name of Authorized Transporter of Oil or Condensate EOTT OIL PIPELINE COIMP. ENERGY CORP. Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4666 HOUSTON, TEXAS 77210-4666						
Name of Authorized Transporter of Casi PHILLIPS 66 NATURAL GAS	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK ODESSA, TEXAS 79760					
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rg0 21S 36E	e. Is gas actually connected? YES	·		
If this production is commingled with that IV. COMPLETION DATA	t from any other lease	or pool, give commin	gling order number:			
Designate Type of Completion		Well Gas Well	New Well Workover	Deepen	Plug Back San	ne Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	g Formation	Top Oil/Gas Pay		Tubing Depth	
Perforations				Depth Casing Shoe		oe .
			· · · · · · · · · · · · · · · · · · ·			
11015.0175			CEMENTING RECORI	2	T	
HOLE SIZE	CASING &	TUBING SIZE	DEPTH SET		SACKS CEMENT	
V. TEST DATA AND REQUE	ST FOR ALLO	WARLE			<u> </u>	
•			st be equal to or exceed top allow	wable for this	depth or be for fu	ill 24 hours.)
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump, gas lift, etc.)			
Leagth of Test	Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bols.		Gas- MCF	
GAS WELL		<u> </u>				
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Conde	OSALE
Testing Method (pitot, back pr.)	Tubing Pressure (S	hut-in)	Casing Pressure (Shut-in)		Choke Size	
VI. OPERATOR CERTIFIC	ATE OF COM	IPLIANCE	011 0011	OED//	TION DI	"
I hereby certify that the rules and regul	OIL CONSERVATION DIVISION					
Division have been complied with and is true and complete to the best of my	Date Approved NOV 12 1993					
1/1/1/8.	Les.					•••
Signature DOOL DAILEY DROPATION ANALY			By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR			
ROD L. BAILEY PRORATION ANALY Printed Name Title						
11/4/93		715-4828	11116			
Date	1	elephone 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.