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

State of New Mexico Energy, Minerals and Natural Resources Department

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

perator		TO THA	4NOI	PORT OIL	AND NA	I UHAL GA	Well A	PI Na 264	110		
Oryx Energy Company						30-025- 0003 5					
idress											
P. O. Box 1861, Mid.	land, T	Γexas	7 9 70	2		et (Please expla	·iml				
eason(s) for Filing (Check proper box;)		Change is	Том	porter of:	Out	a (rieuse expe	ur)				
ecompletion	Oil		Dry			Change	e Oil Ga	therer	effectiv	e	
nange in Operator	Casinghe	ad Gas 📋	Conc	ice mte		9-1-89					
hange of operator give name								-			
• •											
DESCRIPTION OF WELL A	AND LE	_	Pool	Name, Includir	e Formation		Kind o	f Lease	L	ease No.	
J. A. Akens -A- 0il Co) m.	2	i	il Center	•	rv	State,	Federal or Fe	Fe	e	
cation	<u> </u>	<u>. – </u>									
Unit LetterT	:198	30	_ Feet	From The So	outh Lie	e and66	0 Fe	et From The .	West	Line	
-	0.1	7		26 E		· (70.4	7			County	
Section 3 Township	21-9	<u> </u>	Kats	36-E	, N	MPM,	Lea			County	
. DESIGNATION OF TRAN	SPORTE	ER OF C	IL A	ND NATUI	RAL GAS						
ums of Authorized Transporter of Oil	X	or Coade			Address (Giv	e address to wi	vich approved	copy of this f	orm is to be se	int)	
Enron Oil Trading & Tr		rtatio	n			188 Hous					
ame of Authorized Transporter of Chaing	=	GPM (Gas	र ीक्षणां व	A FIREC	TIVE: Febr	uary I	1992 this !	o rm is io de si 9602	unt)	
Phillips 66 Natural Ga well produces oil or liquids,	as Co. Unaix	Sec.	Twr			y connected?	When		7002		
we location of tanks.	I R	3	: .	-S 36E	Yes		i	20/79			
his production is commingled with that	from any ot	ther lease o	r pool,	give comming	ing order num	ber.					
. COMPLETION DATA						<u> </u>		1 	<u> </u>	bier no de	
Designate Type of Completion	- (X)	Oii We	П I	Gas Well	New Well	Workover	Deepen	I Ling Back	Same Res'v	Diff Res'v	
ate Spudded		npi. Ready	to Proc	Ĺ	Total Depth	<u>. </u>	<u> </u>	P.B.T.D.	I	_	
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
erforations	J		_	 -	L			Depth Casin	ng Shoe		
·								1			
		TUBINO	, CA	SING AND	CEMENT	NG RECOR	D D				
HOLE SIZE	- CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
					<u> </u>			 			
	-							 			
	 							 -			
. TEST DATA AND REQUE	ST FOR	ALLOV	VABI	E	I						
IL WELL (Test must be after	recovery of	total volum	e of lo	ad oil and must	be equal to o	r exceed top all	owable for th	is depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of T	[est			Producing N	lethod (Fiow, p	ump, gas lift,	etc.)			
and of Ton	Tuking Descript				Casing Press	Life		Choke Size			
ength of Test	Tubing Pressure										
Actual Prod. During Test	Prod. During Test Oil - Bbls.				Water - Bbis.			Gas- MCF			
								<u></u>			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
esting Method (pitot, back pr.)	I nough elements (pure-m)				Canal Lies						
VI. OPERATOR CERTIFIC	TATTE O	E COL	OI I	ANCE	1	······································					
I hereby certify that the rules and regu						OIL CO	NSERV	'ATION	DIVISION	NC	
Division have been complied with and								ΔΠ	G 171	989	
is true and complete to the best of my	knowledge	and belief.	•		Dat	e Approve	ed	<u></u>	0 1 1 1		
11.	1										
Aire & Fred					∥ By.		VAL SIGNE	D BY JERS	Y SEXTON	<u>. </u>	
Signature Maria L. Perez		Acc	coun	tant			PISTRICT	SUPERVI	908		
Printed Name			Tit	ule .	Title	e					
8-8-89 Date	91	5-688-	037	ne No.							
Jak					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.