Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

ergy, Minerals and Natural Resources Departm **IL CONSERVATION DIVIS**

Form C-104 Revised 1-1-89 See Instruction at Rottom of Page

DISTRICT II

P.O. Box 2088

P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504	4-2088
DISTRICT III 1000 Rio Brazos Rd., Azlec, NM 187410 I.	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
Operator		Well API No.
ORYX ENERGY COMPANY		30-025-29514
Address P.O. BOX 2880 DALLAS, TEX	AS 78711-2880	

Other (Please explain) Reason(s) for Filing (Check proper box) Change OF TRANS Change in Transporter of: New Well Dry Gas Recompletion 11-1-93 Casinghead Gas Condensate Change in Operator If change of operator give name ORYX ENERGY COMPANY, P.O. BOX 2880, DALLAS, TX 75221-2880 II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee FEE Lease No. Well No. Pool Name, Including Formation Lease Name **FEE** J. A. AKENS OIL CENTER BLINEBRY Location ,660 Feet From The SOUTH Line and 330 Feet From The EAST Unit Letter X Range 36-E 21-S , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil FOT Encodeastile
EOTT OIL PIPELINE COMP. Profit of Oil FOT Gas

Name of Authorized Transporter of Casinghead Gas
PHILLIPS 66 NATURAL GAS CO.GPM Gas Corporation

Address (Give address to which approved copy of this form is to be sent

Address (Give address to which approved copy of this form is to be sent

4001 PENBROOK ODESSA, TEXAS 79702 Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4666 HOUSTON, TEXAS 77210-4666 Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, give location of tanks. | Sec. 1 3 Twp. Rge. Is gas actually connected? Unit When ? 21S | 36E R YES 3/4/88 DHC 802 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 Doepen 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. Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc., Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE SACKS CEMENT HOLE SIZE 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 Length of Test Tubing Pressure Water - Bbls. Gas- MCF Actual Prod. During Test Oil - Bbls. **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Date Approved NOV 1 2 1993 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature ROD L. BAILEY

Printed Name 11/4/93

PRORATION ANALY Title (214) 715-4828

Date Telephone No. By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

Title_

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
- 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.