z 1980, Hobbs, NM 88240

State of New Mexico inergy, Minerals and Natural Resources Depart. int

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aziec, Ni		
1000 KIO BREDE KA., AZIEC, NA	R 8/410 DECLIECT FOR ALLOWARD F.A.	NO ALITHODITATION
-	REQUEST FOR ALLOWABLE A	
<u>L</u>	TO TRANSPORT OIL AND	NATURAL GAS
Operator		Well API No.
Oryx Energy Co	mnanv	1
	mpuriy	30-025-30651
Address		
P. O. Box 1861	, Midland, Texas 79702	
Reason(s) for Filing (Check pro	per box)	Other (Please explain)
New Well	Change in Transporter of:	oun (i near Expense)
Recompletion		ctive A 1 01 change oil turner
Change in Operator		ctive 4-1-91 change oil transporter
	Casinghead Gas Condensate	
If change of operator give name		
and address of previous operator		

Oryx Energy Compan	у				30-	025-3065	1		
Address P. O. Box 1861, M	idland Toyac	70702			 				
Reason(s) for Filing (Check proper box)	iuranu, rexas	79/02		vet (Please expl	gia)				
New Well		in Transporter of:		na (riense expu	aun)				
Recompletion		Dry Gas		/e 4-1 - 91	chango	011 +00	ncnowto	•	
Change in Operator	Casinghead Gas	Condensate		C 4-1-31	. Change	UTT CTA	nsportei	•	
If change of operator give name and address of previous operator		<u> </u>							
• •					-				
II. DESCRIPTION OF WELI		Deal Name In	cluding Formation		75.				
J. A. Akens	18		ubb-Drinka	ırd		of Lease Federal or Fee	- 1	zase No.	
Location Unit Letter	990		South	q	000 _		West		
	 			e and	Fe	et From The _	Mesc	Line	
Section 3 Towns	hip 21-S	Range 36	<u>-Е</u> , м	мрм,		Lea		County	
III. DESIGNATION OF TRA	NSPORTER OF (OII. AND NA	TIDAI CAC						
Name of Authorized Transporter of Oil	or Cond			ve address to wi	hich approved	copy of this fo	rm is to be se	nt)	
Sun Refining & Mark				. Detroi					
Name of Authorized Transporter of Casi		Gas Corpo	Address (Giv	re address to wi	hick approved	come of this fo	rm is to be se	ut)	
Phillips 66 Natura		_,,	400F	FeYEr58R	rudiyessi	Texas	79762		
If well produces oil or liquids, give location of tanks,	Unit Sec.	: : :	Rge. is gas actuall	*	When	•			
If this production is commingled with the	R 3			es		-13-90			
IV. COMPLETION DATA	a montally outer touse o	a poor, give comm	making order arms			· · · · · · · · · · · · · · · · · · ·			
Designate Type of Completion	n - (X)	ell Gas Wei	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	1		P.B.T.D.		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas	Pay		Tubing Dept	<u> </u>		
Perforations						Dark Carin			
						Depth Casing	3 200e		
	TUBING	G, CASING A	ND CEMENTI	NG RECOR	D	'			
HOLE SIZE	CASING &	TUBING SIZE		DEPTH SET		S	ACKS CEME	NT	
						<u> </u>		 	
		-							
								<u> </u>	
V. TEST DATA AND REQUE	ST FOR ALLOV	VABLE				L			
	recovery of total volum		must be equal to or	exceed top allo	owable for this	depth or be fo	or full 24 hour	3.)	
Date First New Oil Run To Tank	Date of Test		Producing M	ethod (Fiow, pu	erep, gas lift, e	tc.)			
Length of Test	Tubing Pressure	Tubing Phoneirs		Casing Pressure			Choke Size		
	Tuonig Tressure	I mong riesaure							
Actual Prod. During Test	Oil - Bbls.		Water - Bbis	Water - Bbis.			Gas- MCF		
GAS WELL			· _ J			1	1		
Actual Prod. Test - MCF/D	Length of Test		Bbis. Conder	sate/MMCF	-	Gravity of C	ondensale		
Testing Method (pitot, back pr.)	Tubing Pressure (Sh	ud-in)	Casing Press	um (Sturt-in)		Choke Size			
· · · · · · · · · · · · · · · · · · ·	g control (prior, out, pr.)		Casing From	ne (mia-in)		Choice Size			
VI. OPERATOR CERTIFIC	CATE OF COM	PLIANCE							
I hereby certify that the rules and reg	ulations of the Oil Cons	ervation		OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			ll l	MAR 2 v 1991					
is not and courber to the cest of thi	/ knowledge and belief.		Date	Approve		1001 (11 11	<u> </u>		
10.00 / 10.00				''					
Signature			- ∥ By_	By CRIGINAL HOSED A LIGHT A CONTON ASSTRICT I SUPPRISOR					
Maria L. Perez Printed Name	riviat	Tille	Title						
3-18-91	<u>915/688-0</u>		_ 1100	<u> </u>					
Date	Te	elephone No.	11						

1000 /	
Signature Maria L. Perez	Proration Analyst
Printed Name	Title
3-18-91	915/688-0375
Date	Telephone No.

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.