

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**

Operator Oryx Energy Company		Well API No. 30-025-30729
Address P. O. Box 1861, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. A. Akens	Well No. 19	Pool Name, Including Formation Hardy-Tubb-Drinkard	Kind of Lease State, Federal or <u>Fee</u>	Lease No. Fee
Location				
Unit Letter <u>S</u> : <u>2250</u> Feet From The <u>South</u> Line and <u>2000</u> Feet From The <u>West</u> Line				
Section <u>3</u> Township <u>21-S</u> Range <u>36-E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box XX, Denver City, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit <u>R</u>	Sec. <u>3</u>
	Twp. <u>21S</u>	Rge. <u>36E</u>
	Is gas actually connected? <u>Yes</u>	When? <u>12-29-89</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <u>11-27-89</u>	Date Compl. Ready to Prod. <u>12-16-89</u>		Total Depth <u>7000'</u>		P.B.T.D. <u>6948</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3558.2' GR</u>	Name of Producing Formation <u>Tubb-Drinkard</u>		Top Oil/Gas Pay <u>6478'</u>		Tubing Depth <u>6382</u>			
Performances <u>6478 - 6872c</u>					Depth Casing Shoe <u>7000'</u>			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>400'</u>	<u>525 Sxs Surf</u>
<u>11"</u>	<u>8 5/8"</u>	<u>3970'</u>	<u>1450 Sxs Surf</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>7000'</u>	<u>600 Sxs TOC 3630 by T.S.</u>
	<u>2 7/8" tbg.</u>	<u>6382'</u>	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 <u>12-29-89</u>	Date of Test <u>1-22-90</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>90#</u>	Casing Pressure	Choke Size <u>3/4"</u>
Actual Prod. During Test	Oil - Bbls. <u>90</u>	Water - Bbls. <u>1165</u>	Gas - MCF <u>463</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Maria L. Perez
Signature
Maria L. Perez
Printed Name
1-30-90
Date
915/688-0375
Telephone No.
Proration Analyst
Title

OIL CONSERVATION DIVISION

FEB 05 1990

Date Approved

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 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.