

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Sun Exploration & Production Co.

Address  
P. O. Box 1861, Midland, Texas 79702

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	CAVINGHEAD GAS MUST NOT BE
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	TRANSPORTED 4/8/85
	<input type="checkbox"/> Dry Gas	EXCEPT BY EXCEPTION TO R-4070
	<input type="checkbox"/> Condensate	IS OBTAINED.

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Land 76	Well No. 4	Pool Name, including Formation Garth	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>E</u> ; <u>2323</u> Feet From The <u>north</u> Line and <u>330</u> Feet From The <u>west</u>		Canyon		
Line of Section <u>1</u> Township <u>16-S</u> Range <u>32-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)					
Shell Pipeline Company	1609 Main, Eunice, NM 88231					
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)					
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If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

  
(Signature)  
Associate Accountant  
(Title)  
2-13-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 15 1985, 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allow able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multipl completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-29-84	Date Compl. Ready to Prod. 2-8-85		Total Depth 10700			P.B.T.D. 10550			
Elevations (DF, RKB, RT, GR, etc.) 4278.2 GR	Name of Producing Formation Canyon		Top Oil/Gas Pay 10460			Tubing Depth 10356			
Perforations 10462-10476						Depth Casing Shoe 10356			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	415	400 sxs C
12-1/4	8-5/8	4202	1800 sxs Lite H - 200 sxs C
7-7/8	5-1/2	10700	1050 sxs H

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 Tanks 2-8-85	Date of Test 2-9-85	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 400	Casing Pressure	Choke Size 26/64
Actual Prod. During Test	Oil-Bbls. 660	Water-Bbls. 0	Gas-MCF 512

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

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