

TAFE

LE

S.G.S.

AND OFFICE

TRANSPORTER

OPERATOR

PRORATION OFFICE

OIL

GAS

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-65

Operator

SUN TEXAS COMPANY

Address

P. O. Box 4067 Midland, Texas 79704

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

Change of ownership give name and address of previous owner

TEXAS PACIFIC OIL COMPANY, INC. P. O. Box 4067 Midland, TX, 79704

DESCRIPTION OF WELL AND LEASE

Lease Name

E. W. WARDEN

Well No.

4

Pool Name, including Formation

TUBB GAS

Kind of Lease

State, Federal or Fee

FEE

Lease No.

Location

Unit Letter

C

660

Feet From The

NORTH

Line and

2130

Feet From The

WEST

Line of Section

15

Township

22

Range

37

NMPM,

LEA

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

or Condensate

SHELL

Name of Authorized Transporter of Casinghead Gas

or Dry Gas

NORTHERN NATURAL GAS

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

P. O. Box 1509 Midland, TX.

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

2130 N. Hwy. 83 Liberal Kansas

If well produces oil or liquids, give location of tanks.

Unit

C

Sec.

15

Twp.

22

Rge.

27

Is gas actually connected?

When

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

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res'v.

Diff. Res'v.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

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 Tanks

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil-Bbls.

Water-Bbls.

Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MCF

Gravity of Condensate

Testing Method (pitot, back pr.)

Tubing Pressure (shut-in)

Casing Pressure (shut-in)

Choke Size

CERTIFICATE OF COMPLIANCE

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

(Signature)

Regional Operations Superintendent/West

(Title)

SEP 12 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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 multiply completed wells.

DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

Operator

SUN TEXAS COMPANY

Address

P. O. Box 4067Midland, Texas79704

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well

Change in Transporter of:

Recompletion

Oil

Dry Gas

Change in Ownership

Casinghead Gas

Condensate

If change of ownership give name and address of previous owner

TEXAS PACIFIC OIL COMPANY, INC. P. O. Box 4067Midland, TX, 79704

DESCRIPTION OF WELL AND LEASE

Lease Name

Well No.

Pool Name, including Formation

Kind of Lease

Lease No.

E. H. Halder

4

Brinkard

State, Federal or Fee

Free

Location

Unit Letter

Feet From The

Line and

Feet From The

C

660

north

2130

west

Line of Section

Township

Range

NMPM,

County

15

22-5

37-E

Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

or Condensate

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

Shell Pipeline Company

P.O. Box 2648-Houston, Texas 77001

Name of Authorized Transporter of Casinghead Gas

or Dry Gas

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

El Paso Natural Gas Company

Alb, New Mexico 88250

If well produces oil or liquids, give location of tanks.

Unit

Sec.

Twg.

Rge.

Is gas actually connected?

When

D

15

22-5

37-E

Yes

3-4-78

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

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res'v.

Diff. Res'v.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

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 Tanks

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil-Bbls.

Water-Bbls.

Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pitot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

CERTIFICATE OF COMPLIANCE

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

C. Englem

(Signature)

Regional Operations Superintendent/West

SEP 12 1980

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

19

BY

TITLE

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 deviation tests taken on the well in accordance with RULE 111.

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Separate Forms C-104 must be filed for each pool in multiply completed wells.

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	Form C-104 Superseding Old C-101 and C-102 Effective 1-1-65
DISTRIBUTION			
SALES FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL GAS		
OPERATOR			
PRODUCTION OFFICE			

Operator  
Texas Pacific Oil Company, Inc.

Address  
P. O. Box 4067, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:  
Recompletion ☒ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

#### DESCRIPTION OF WELL AND LEASE

Lease Name E. W. Walden	Well No. 4	Pool Name, including Formation Drinkard Gas	Kind of Lease State, Federal or Fee	Fee	Lease No.
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Location  
Unit Letter C : 660 Feet From The north Line and 2130 Feet From The west  
Line of Section 15 Township 22-S Range 37-E , NMPM, Lea County

#### DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Jal, New Mexico 88250

If well produces oil or liquids, give location of tanks.  
Unit D Sec. 15 Twp. 22-S Rge. 37-E Is gas actually connected? No When By 3-4-78

If this production is commingled with that from any other lease or pool, give commingling order number: P. C. 315

#### COMPLETION DATA

Designate Type of Completion - (X) Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Re-vent. <input type="checkbox"/> Tuff. Re-vent. <input checked="" type="checkbox"/>	Date <del>xxxxx</del> Work Started 8-9-77	Date Compl. Ready to Prod. 9-27-77	Total Depth 6540	P.B.T.D. 6430
Elevations (DF, RKB, RT, GR, etc.) 3417' GR	Name of Producing Formation Drinkard	Top Oil/Gas Pay	Tubing Depth	Depth Casing Shoe
Perforations 6309'-6412'				

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	10 3/4"	148'	100
9 7/8"	7 5/8"	2852'	1800
6 3/4"	5 1/2"	6539'	

#### 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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

#### GAS WELL

Actual Prod. Test-MCF/D 840	Length of Test 24 hrs.	Lbs. Condensate/MMCF 8	Gravity of Condensate 43
Testing Method (pilot, back pt.) Orifice	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size 21/64

#### CERTIFICATE OF COMPLIANCE

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

W. J. McClintock  
(Signature)  
District Operations Superintendent  
(Title)

3-2-78

(Date)

#### OIL CONSERVATION COMMISSION

APPROVED

19

By

TITLE

This form is to be filed in compliance with RULE 1104.

If this be a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the gravity tests taken on the well in accordance with RULE 111.

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100-100000

100-100000  
OIL CONSERVATION COMM.  
JAN. 10, 1944