

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
APPLICATION FOR MULTIPLE COMPLETION

Form C-107
5-1-61

Applicant Sun Texas Company		Lease Lea	Date 2-11-81
Address P. O. Box 4067, Midland, Texas 79704		County Boyd	Well No. 2-Y
Section H	Section 23	Section 22-S	Section 37-E

1. Has the New Mexico Oil Conservation Commission heretofore authorized the multiple completion of a well in these same pools or in the same zones within one mile of the subject well? YES ☒ NO ☐
2. If answer is yes, identify one such instance: Order No. _____ Operator, lease, and Well No.: **Sun Texas Company, Elliott B-15 Well No. 4**

3. The following facts are submitted:	Upper Zone	Intermediate Zone	Lower Zone
a. Name of Pool and Formation	Blinbry		Drinkard
b. Top and Bottom of Pay Section (Perforations)	5392'-5540'		6223'-6301'
c. Type of production (Oil or Gas)	Gas		Gas
d. Method of Production (Flowing or Artificial Lift)	Flowing		Flowing

4. The following are attached. (Please check YES or NO)

- | | | |
|---|-----------------------------|--|
| Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | a. Diagrammatic Sketch of the Multiple Completion, showing all casing strings, including diameters and setting depths, centralizers and, or, turbolizers and location thereof, quantities used and top of cement, perforated intervals, tubing strings, including diameters and setting depth, location and type of packers and sleeve valves, and such other information as may be pertinent. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | b. Plat showing the location of all wells on applicant's lease, all of its wells on offset leases, and the names and addresses of operators of all leases offsetting applicant's lease. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | c. Waivers consenting to such multiple completion from each offset operator, or in lieu thereof, evidence that said offset operators have been furnished copies of the application. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | d. Electrical log of the well or other acceptable log with tops and bottoms of producing zones and intervals of perforation indicated thereon. (If such log is not available at the time application is filed it shall be submitted as provided by Rule 112-A.) |

5. List all offset operators to the lease on which this well is located together with their correct mailing address.

J. H. Hendrix Corp., 525 Midland Tower, Midland, Texas 79701

Phillips, 4001 Penbrook, Phillips Bldg., Odessa, Texas 79762

Union Texas, 1300 Wilco Bldg., Midland, Texas 79701

Samedan, 900 Wall Towers East, Midland, Texas 79701

Gulf, Box 1150, Midland, Texas 79701

***MAILED TO SANTA FE**

6. Were all operators listed in Item 5 above notified and furnished a copy of this application? YES ☒ NO ☐ . If answer is yes, give date of such notification **2-11-81**

CERTIFICATE: I, the undersigned, state that I am the **Reg. Operations Supt.** of the **Sun Texas Company** (company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

R. J. O'Neal
R. J. O'Neal Signature

*Should waivers from all offset operators not accompany an application for partial approval, the New Mexico Oil Conservation Commission will hold the application for a period of twenty (20) days from date of receipt by the Commission's Santa Fe office. If, after said twenty-day period, no protest nor request for hearing is received by the Santa Fe office, the application will then be processed.

NOTE: If the proposed multiple completion will result in an unorthodox well location and/or a non-standard proration unit in **one or more of** the same, the applicant must submit a separate application for approval of the same, checked and filed simultaneously with this application.

(Cleary Pet.)
Samedan, 1

TPOCI

H. Hendrix

2-H

J. H. Hendrix

Gulf

1-E

2-E

2

F J Danglade

"Cassatot"

ARCO

J H Hendrix

TPOCI

23

Phillips

He

8-63 1.712
546 3-80

11-69 .913
T A D 1-75

Proposed Recompletion

O. I. Boyd

J. H. Hendrix

Gulf

Samedan

Union Tex.

10-70 .607
2065 3-80

Karoles

Anadarko

WEK Drig.

9-77 .343
766 3-80

Amoco

1-61 1.24
3813 3-80

1-76 .476
11582 3-80

W. Sims

"J L
Pat

Anadarko

Getty

Coquina

26

TPOCI

TD 8154

TPOCI

TPOCI

Baker
Ruby Boyd

R. Lowe

Anadarko



MIDLAND REGION

T-22-S-R-37-E

LEA COUNTY, NEW MEXICO

○ DRINKARD GAS WELLS

Date Completed in gas Cum as of 8-80 (BCF)

Rate of flow (MCF/m) as of (date)

□ COMINGLED DRINKARD-ABO WELLS

SCALE: 1"=1000'

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-1
Effective 1-1-65

I.

Operator SUN TEXAS COMPANY	
Address P. O. Box 4067 Midland, Texas 79704	
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner TEXAS PACIFIC OIL COMPANY, INC. P. O. Box 4067 Midland, TX. 79704

II. DESCRIPTION OF WELL AND LEASE

Lease Name Boyd	Well No. 27	Pool Name, including Formation DRINKARD	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter H : 2210 Feet From The NORTH Line and 990 Feet From The EAST Line of Section 23 Township 22 Range 37, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS SHUT-IN

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXAS NEW MEXICO PIPELINE	Address (Give address to which approved copy of this form is to be sent) Box 1510 Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GETTY	Address (Give address to which approved copy of this form is to be sent) Box 1650 Tulsa, Okla					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 23	Twp. 22	Rge. 37	Is gas actually connected? Yes	When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
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		


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 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

VI. 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 _____, 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.
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 filled for each pool in multiply completed wells.