DISTRIBUTION SANTA LE LISGS. LAND OFFICE THANSPORTER OIL. GAS OPERATOR PRORATION OFFICE	RIQUEST	COUSERVATION COME TON FOR ALLOWABLE AND ANSPORT OIL AND NATURAL -	thrin C-104 Supersedes Old C-104 and C-1 Littective t-1-65
Doyle Hartmand Address Post Office Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership X	Box 10426 Midland, Te Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	Other (Please explain)	1 Widland TV 70702
Cooper "B" Location Unit Letter C : 660	Well No. Pool Name, Including F 2 Jalmat (Gas) S Feet From The North Lin	Squall Yall Kind of Lee even Rivers State, Fede	tease :lc.
Name of Authorized Transporter of Oli Name of Authorized Transporter of Cas El Paso Natural Gas C If well produces off or liquida, give location of tanks.	ompany Unit Sec. Twp. P.ge.	Address (Give address to which app P. O. Box 1492 El Pas Is gas actually connected? Yes	roved copy of this form is to be sent) roved copy of this form is to be sent) O, Texas 79978 When
If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Oll Well Gas Well	Now Well Workover Drepen Total Depth Top Oil/Gas Pay	Plug Back Same Resiv. Diff. Resiv. P.B.T.D. Tubing Depth Depth Casing Shoe
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FOOIL WELL Date First New Oil Bun To Tanks Length of Test	OR ALLOWABLE (Test must be a able for this de Date of Test Tubing Pressure	fter recovery of total volume of load o pih or be for full 24 hours) Producing Method (Flow, pump, gas Casing Pressure	il and must be equal to or exceed top allow lift, etc.) Choke Size
Actual Pred. During Tool GAS WELL Actual Fred. Tool-MCF/D Testing Mothed (pitot, back pr.)	Cil-Bbis. Length of Test Tubing Pressure (Shut-iu)	Ebla. Condensate/AMCF Cosing Pressure (Shut-in)	Gravity of Condensate Chake Size
CERTHICATE OF COMPLIANCE I hereby certify that the rules and re Commission have been complied we above is true and complete to the	CE egulations of the Oil Conservation ith and that the information given	APPROVED MALE	ATION COMMISSION 2 0 1986 BONED BY JERRY SEXTON RICT I SUPERVISOR

January 22, 1986

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

If this is a request for allowable for a newly diffic i or depended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with nucl. 111.

All nections of this form must be filled out completely for ellow-this on now and incompleted valls.

FIII out only Sections I. H. M. and VI for changes of seven, well asses or number, or transporter, or other such thanks of condition.



DISTRIBUTION NEW MEIXICO OIL CONSERVATION CON SION Form C-104 ANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1. ILE Effective 1-1-65 AND J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER OPERATOR PRORATION OFFICE Sun Exploration & Production Co. P. O. Box 1861, Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain) New Well Name Change Only Recompletion OH Dry Gas From: Sun Oil Company Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Seli No. Pool Name, Including Formation Kind of Lease Jalmat Tansell Yt 7 Rvrs Gas Stote, Federal or Fee Cooper B 2 Patented Location 660 North 1980 West Unit Letter Feet From The Line and Feet From The 14 24-S 36-E Lea Township Range NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil Address (Give address to which approved copy of this form is to be sent) None Name of Authorized Transporter of Casinghead Gas or Dry Gas , X Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Jal, NM Unit Twp. Sec. P.ge. Is gas actually connected? When If well produces oil or liquids, 14 give location of tanks. 24 Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Weil New Well Workover Same Resty. Diff. Rest Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth 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 (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-able for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Casing Pressure Length of Test Tubing Pressure Choke Size Actual Prod. During Test Oil-Bbis. Water - Bbls. Ggs - 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 OIL CONSERVATION COMMISSION William - William APPROVED. I hereby certify that the rules and regulations of the Oil Conservation · Signed by Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. BY__ Dist L Suga TITLE _

i nature) Acct. Asst. II

(Title) 1-1-82

(Date)

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. Senerate Forms C-104 must be filed for each root in multiply

				····.				
	DISTRIBUTION ANTA FE		FOR ALLOWABLE	.)N	Form C-104 Supersedes Old Effective 1-1-6	1 C-104 and C-1;		
	J.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NA	TURAL GAS		•		
	TRANSPORTER GAS	1						
1.	OPERATOR PRORATION OFFICE			er.				
	SUN OIL COMPANY			- 1111	· · · · · · · · · · · · · · · · · · ·			
	Address	TV 70702		·				
	P.O. Box 1861, Midland Reason(s) for filing (Check proper box	,	Other (Please e:	rplain)				
	New Well Recompletion	Change in Transporter of: Oil Dry Go	ıs E					
	Change in Ownership X	Casinghead Gas Conde	nsate					
	If change of ownership give name and address of previous owner	SUN TEXAS COMPANY, P.O.	Box 4067, Midlan	d, TX 79	704			
11.	DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Poor Name, Including F	ormation K	ind of Lease		Lease No.		
	Cooper B	2 Jalmat Tansél	11 Yt 7 Rvrs Gas s	tate, Federal cr	Fee Patented			
	Unit Letter C; 66	O Feet From The North Lin	ne and 1980	Feet From The	West			
	Line of Section 14 Tov	waship 24-S Range 3	36-Е , ммрм,		Lea	County		
ш.	DESIGNATION OF TRANSPORT		AS		·			
	Name of Authorized Transporter of Oil 7 or Condensate Address (Give address to which approved copy of this form is to be sent) None							
	Name of Authorized Transporter of Cas El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Jal, NM						
	If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When							
	give location of tanks. If this production is commingled with	C 14 24 36 th that from any other lease or pool,	Yes give commingling order n	umber:				
IV.	COMPLETION DATA	Cil Well Gas Well	New Well Workover	Deepen P	lug Back Same Res	'v. Diff. Res'v.		
	Designate Type of Completic	Date Compi. Ready to Prod.	Total Depth	P	.B.T.D.	<u> </u>		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	T	ubing Depth			
_	Perforations			epth Casing Shoe				
	HOLE SIZE	TUBING, CASING, AN	D CEMENTING RECORD DEPTH SET		SACKS CEM	IENT		
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be c	ifter recovery of total volume	of load oil and	must be equal to or e	exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	epsh or be for full 24 hours) Producing Method (Flow, ;	oump, gas lift, e	(c.)			
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size			
	Actual Prod. During Test	Oll-Bols.	Water - Bbls.	G	ds - MCF			
	Actual Floor Burning 1 to 1					····		
	GAS WELL		· 					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	G	ravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-i.m)	Casing Pressure (Shut-1	n) c	hoke Size			
VI.	CERTIFICATE OF COMPLIANCE		11		ON COMMISSION	N		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED			19		
	Commission have been complied w	71th and that the information given	11 -	hits Signoti i	7 3			

(Signature) Production/Proration Supervisor (Title)

July 1, 1981

(Date)

Jarry Sexten Dist la Suple TITLE _

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SANTA FE	~_ REQUEST	FOR ALLOWABLE AND	rorm C-104 Supersedes Old C-104 and C-11 Elfective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL G	SAS
LAND OFFICE		THE SKY OF AND NATORAL C	
I RANSPORTER OIL	 		•
OPERATOR GAS	 - 		•
PRORATION OFFICE	- -	•	
Operator	<u> </u>		
	S COMPANY		
Address			
P. O. Box Reason(s) for filing (Check prope		79704 Other (Please explain)	· · · · · · · · · · · · · · · · · · ·
New Woll	Change in Transporter of:	Omer () tease explains	•
Recompletion	Oil Dry Go	as 🔲	•
Change in Ownership X	Casinghead Gas Conde	nsate 📑	
If change of ownership give named address of previous owner		ANY, INC. P. O. Box 406	7 Midland, TX, 79704
. DESCRIPTION OF WELL A	ND LEASE		
Lease Name	Well No. Pool Name, Including F		
(1070 F)	2 CACADAT T	ANSELL VT AM State, Federal	[[15][2]
	1.10 Feet From The Min 27d Lin	pe and 1996 Feet From T	the West
Unit Letter;			
Line of Section 14	Township 7/25 Range	(3/ ¿. , NMPM,	LEA County
DOCUMENTARY OF TO ANCE	CORTED OF OU AND NATIONAL CA	ıc	
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent)
Done			
Name of Authorized Transporter o	Casinghead Gas or Dry Gas 🔀	Address (Give address to which approv	
En Pros Maria		JAI PRINTERICO	0
If well produces oil or liquids,	Unif Sec. Twp. P.ge.	Is gas actually connected? Whe	n.
give location of tanks.	16:14:745:368	<u> </u>	
	d with that from any other lease or pool,	give commingling order number:	•
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
Designate Type of Comp			1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, et	c.i Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, AAB, A7, GA, et	c.)		
Perforations			Depth Casing Shoe
	TUBING, CASING, ANI	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			i
TEST DATA AND REQUES	I FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil a	ind must be equal to or exceed top allow-
OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	,
Landbert Tool	Tubing Pressure	Casing Pressure	Cheke Size
Length of Test			
Actual Prod. During Test		Water-Bble.	Gas-MCF
	Oil-Bbls.		t ·
i .	Oil-Bbla.		
	Oil-Bbla.		
GAS WELL		This Condensate ABICE	Gravity of Condensate
GAS WELL Actual Prod. Test-MCF/D	Cil-Bbls. Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D		Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condensate Choke Size
	Length of Test		
Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Length of Test Tubing Pressure (Shnt-in)	Casing Pressure (Shut-in)	
Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Length of Test Tubing Pressure (Shnt-in)	Cosing Pressure (Shut-im) OIL CONSERVA	Choke Size TION COMMISSION
Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIANT CONTRACTOR CONT	Length of Test Tubing Pressure (Shnt-in) ANCE and regulations of the Oil Conservation	OIL CONSERVA	Chake Size TION COMMISSION
Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLI I hereby certify that the rules is	Length of Test Tubing Pressure (Shut-in) ANCE and regulations of the Oil Conservation ed with and that the information given	OIL CONSERVA APPROVED Opin, Signed	TION COMMISSION 19
Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLI I hereby certify that the rules is	Length of Test Tubing Pressure (Shnt-in) ANCE and regulations of the Oil Conservation	OIL CONSERVA	TION COMMISSION 19

Regional Operations Superintendent/West

(Date)

(Title) SEP 12 1980

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