or we work and a second			
DISTRIBUTION			
SANTA FE		CONSERVATION COMMISSION	Form C-104
FILE	REQUEST	FOR ALLOWABLE AND	Supersedes Old C-104 and C-11 Effective L-1-65
J.S.G.S.	ALITHOPIZATION TO TR	ANSPORT OIL AND NATURAL GAS	
LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL GAS	
TRANSPORTER GAS	-		
OPERATOR			
PRORATION OFFICE			
Operator	·		
Sun Exploration & P	roduction Co.		
Address			
P. O. Box 1861, Mid	land, Texas 79702		
Reason(s) for filing (Check proper b	ox)	Other (Please explain)	
New Well	Change in Transporter of:	Nama Changa Onl.	
Recompletion	OII Dry G	Name Change Only	222
Change in Ownership	Casinghead Gas Conde	From: Sun Oil Con	npany
If change of ownership give name and address of previous owner			
. DESCRIPTION OF WELL AN	D LEASE		
Lease Name	Well No. Pool Name, Including	<u> </u>	Lease No.
W. B. Maveety	4 Eunice Monum	nent (G-SA) State, Federal or I	Fee Fee
Location	_		
Unit Letter J; 19	91 Feet From The East Li	ine and 1988 Feet From The	South
Line of Section 35	Cownship 19-5 Range	36-Е , ммрм, Lea	County
Name of Authorized Transporter of C	RTER OF OIL AND NATURAL G		
1_		Address (Give address to which approved of	•
Texas New Mexico Pipe	Line Company Casinghead Gas or Dry Gas	P. O. Box 1510. Midland Address (Give address to which approved of	Texas 79702
l l	7	i	
Warren Petroleum Comp.	Unit Sec. Twp. P.ge.	P. O. Box 1589, Tulsa, Olis gas actually connected? When	<. 74102
If well produces oil or liquids, give location of tanks.	i i i i i i i i i i i i i i i i i i i	rs gas actually connected?	
If this production is commingled	with that from any other lease or pool	give commingling order number:	
COMPLETION DATA			
Designate Type of Comple	Oil Well Gas Well	New Well Workover Deepen Pl	ug Back Same Restv. Diff. Restv.
			l I
Date Spudded	Date Compl. Ready to Prod.	Total Depth P.	B.T.D.
5)			
Elevations (DF, RKB, RT, GR, etc.	, Name of Producing Formation	Top Oil/Gas Pay	ibing Depth
7-4		<u> </u>	
Perforations		De	epth Casing Shoe
	Tibble eleme	ID CENEVITING DECODE	
HO! 5 5175		O CEMENTING RECORD	CA CIVO OFFICE
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TECT DATA AND DECUTED	FOR ALLOWARIE OF		
OIL WELL	able for this c	after recovery of total volume of load oil and i lepth or be for full 24 hours)	must be equal to or exceed top allow
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, et	c.)
Length of Test	Tubing Pressure	Casing Pressure Ci	noke Size

Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pur	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oii-Bhis.	Water-Bbls.	Gas - MCF	

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF

Tubing Pressure (Shut-in)

Gravity of Condensate Casing Pressure (Shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

Marin J-Pers
(Signature)
 Senior Accounting Assistance
(Title)

January 25, 1982

(Date)

OIL CONSERVATION COMMISSION

APPROVED	FEB 4 1982	, 19
BY	Oriz Signed by	
TITLE	Jerry Sexton	
	Dis. A. Dryna	

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 MULE 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.

Secreta Forms C-104 must be filed for each soci in multiply

DISTRIBUTION	TO OIL CONSE	RYATION COMMISSION	roim C-19 Supersede C-102 and Ellective	€ (01 4 C-103
ANTAFE	MES INICO OIL CONSE	KINITON COMMISSION		,
H.C			Sa, Indicate T	
AND OFFICE			State	Fre X
PERATOR		•	S, State OH &	Gua Leone No.
SUMDRY INC. THIS FORM TOR PARTITION TO	OTICES AND REPORTS ON V	CF 13 Y DILLEGERE HESERADIA"	7, Unit Agrees	cont Some
THE COLUMN TWO IS NOT THE OWNER,	THER-		6. Form or Le	use Norse
Kine of Operator			W. B. Ma	
Sun Oil Company Address of Operator			9. Well No.	146669
P. O. Box 1861 - Midla	nd. Texas 79702		4	
Lecation of Well		-	10. Field and	Pool, or Wildest
1 1001	FEET FROM THE East	1988 F	CET FROM EUNICE-M	onument (G-SA)
UNIT LETTER U	FLEAT FROM THE	LINE AND DESCRIPTION OF THE PROPERTY OF THE PERSON OF THE		
THE South LINE, SECTION	35 TOWNSHIP 19	RANGE36	Nabre	
	15. Elevation (Show whether D	F, RT, CR, etc.)	12. County	
	3599.9 G. L.		<u> Lea</u>	
Check Approximation of the control o	opriate Box To Indicate Na гтюн то:		t or Other Data EQUENT REPORT O	iF:
			· ·	
EKFORM REMUDIAL WORK	PLUG AND ONA DULA	REMEDIAL WORK	· ·	TERING CASING
EMPERATILY ABARDON	F	COMMERCE DRILLING OPHS. CASING TEST AND CEMENT JQ8	PLL	THEMHOOHABA CHA DI
ULL ON ALTER CASTIG	CHANGE PLANS	OTHER Surface Csg	. Inspection by	N.M.C.C. X
отнея				
. Describe Proposed or Completed Operation work) SEE RULE 1103.	ons (Clearly state all pertinent detail	ls, and give pertinent dates, i	including estimated date	of starting ony proposen
Date: 8-17-78		÷		
Date: 0-17-70				
1. Dug out cellar to	expose all casing str	ings.		•
2. Ran pipe to surfa	ce on all casing string	gs and labeled each	riser.	
Left subsurface v	alve open and closed va	alve at surface.		
Inspected by Eddi	e Seay (N. M. C. C.)			
				•
•				
. Thereby certify that the information above	the trye and epoplete to the best of	my knowledge and belief.	elektronian engeneralen mengh den entre de met men en elektronia de met en elektronia de met en elektronia de	
1 11/1/1				
C. H. Handens	virus Of	fice Assistant	DATE 8	-29-78
E111 1 8	OIL	מ רשאה האהדיריו	UM BATE AL	JG 31 19 78
PROVED OF TARLE WITH	TITLE		DATE	

ORDITIONS OF APPROVAL, IF ANYI

and the second s