

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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

Form C-104
Revised 10-01-78
Format G6-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Sun Exploration & Production Company
Address
P.O. Box 1861, Midland, Texas 79702

Reason(s) for filing (Check proper box)
 New Well
 Recompletion
 Change in Ownership

Change in Transporter of:
 Oil
 Casinthead Gas
 Dry Gas
 Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **Mescalero Ridge Federal** Well No.: **3** Pool Name, including Formation: **Mescalero Escarpe Bone Spring** Kind of Lease: **Federal** Lease No.: **LC-063645**

Location: Unit Letter **A**; **430** Feet From The **north** Line and **900** Feet From The **east** Line of Section **13** Township **18-S** Range **33-E** NMPM: **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Sun Refining & Marketing Co. Address (Give address to which approved copy of this form is to be sent)
P.O. Box 3187, Longview, TX 75606

Name of Authorized Transporter of Casinthead Gas or Dry Gas
Phillips Petroleum Co. Address (Give address to which approved copy of this form is to be sent)
4001 Penbrook, Odessa, TX 79762

If well produces oil or liquids, give location of tanks. Unit, Sec., Twp., Rce. Is gas actually connected? when
yes

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.

Dee Ann Kemp
(Signature)

Associate Accountant
(Title)

1-24-86
(Date)

OIL CONSERVATION DIVISION

APPROVED **FEB 3 - 1986**, 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 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 multiphase 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.
Date Logged 12-1-85	Date Compl. Ready to Prod. 1-21-86		Total Depth 9200		P.B.T.D. 9146				
Elevations (DF, RKB, RT, GR, etc.) 4050.4' GR	Name of Producing Formation Mescalero		Top Oil/Gas Pay 8743		Tubing Depth 9002				
Perforations 8744-8766				Depth Casing Shoe 9002					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2	13-3/8		356		375 SXS				
12-1/4	8-5/8		3311		1000 SXS				
7-7/8	5-1/2		9200		1400 SXS				

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 able for late depth or be for full 24 hours)

Date First New Oil Run To Tanks 1-16-86		Date of Test 1-23-86	Producing Method (Flow, pump, gas lift, etc.) Pumping 1-1/4"		
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bois. 87	Water-Bois. 21	Gas-MCF 90		

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bois. Condensate/MMCF	Gravity of Condensate
Testing Method (phot. back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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