

**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-105
Effective 1-1-65

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. OPERATOR
Operator: Sun Exploration & Production Co.
Address: P. O. Box 1861, Midland, TX 79702

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): Change operator from Doyle Hartman. Recomplete from Jalmat Gas to Jalmat oil. Request oil allowable.

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Legal, M. F.</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Jalmat</u>	Kind of Lease <u>Patented</u>	Lease No.
Location <u>Unit Letter I</u>	<u>1980</u>	Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>		
Line of Section <u>31</u>	Township <u>25-S</u>	Range <u>37-E</u>	County <u>Lea</u>	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas-New Mexico Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1510, Midland, TX 79701</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1492, El Paso, TX 79910</u>
If well produces oil or liquids, give location of tanks. Unit <u>I</u> Sec. <u>31</u> Twp. <u>25</u> Rge. <u>37</u>	Is gas actually connected? <u>yes</u> When _____

IV. COMPLETION DATA

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

Designate Type of Completion - (X) <u>XXXXX Started</u>	Oil well <input checked="" type="checkbox"/> Gas well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input checked="" type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Started <u>7/29/83</u>	Date Compl. Ready to Prod. <u>9/6/83</u>
Elevations (DF, RKB, RT, GR, etc.) <u>2996'</u>	Total Depth <u>3350'</u>
Perforations <u>3122-3167 Jalmat</u>	Name of Producing Formation <u>Jalmat Seven Rivers</u>
	Top Oil/Gas Pay <u>3163'</u>
	Depth Casing Shoe <u>650 SX</u>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>13-3/4"</u>	<u>10-3/4" 32#</u>	<u>305'</u>	<u>200 SX</u>
<u>8-5/8"</u>	<u>7" 20#</u>	<u>2778'</u>	<u>400 SX</u>
<u>1-1/4"</u>	<u>4-1/2" 10.5# Liner</u>	<u>2676-3350'</u>	<u>650 SX</u>

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 <u>9/27/83</u>	Date of Test <u>9/27/83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>
Length of Test <u>24 hrs.</u>	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls. <u>37</u>	Water - Bbls. <u>54</u>
		Gas - MCF <u>150</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Maria L. Perry
(Signature)
Sr. Acctng. Asst.
(Title)
10/4/83
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 25 1983, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT 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 multiple

MAY 17 1984

RECEIVED
OCT 5 1983
O.C.D.
HOBBS OFFICE