	DISTRIBUTION ANTA FE FILE V J.S.G.S. LAND OFFICE I RANSPORTER OIL GAS I OPERATOR	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT GIL AND NATURAL	Form C-104 Supersedes Old C-104 and C+1 Effective 1-1-65 GAS
1.	PROBATION OFFICE Operator Sun Exploration & Production Co. Address P. O. Box 1861, Midland, Texas 79702			
	Reason(s) for filing (Check proper box New We!! Recompletion Change in Ownership If change of ownership give name	 Change in Transporter of: Oil Dry G Casinghead Gas Conde 	From: Sun O	Only il Company
11.	and address of previous owner	IFASE		
	Lease Name Trigg Location	*ell No. Pool Name, Including F 2 Wildcat	State, Federo	ni or Fee Fee
		20Feet From The <u>NOrth</u> Li w <u>nsnip</u> 15-NBange		San Migual
111.		TER OF OIL AND NATURAL G		San Miguel County
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			······
**/	If this production is commingled with that from any other lease or pool, give commingling order number:			
1 V .	COMPLETION DATA Designate Type of Completing	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Proa.	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 HOLE SIZE CASING & TUBING SIZE			
			DEPTH SET	SACKS CEMENT
	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) Date First New Oil Bun To Tanks Date of Test Producing Method (Flow, nump, cas life at a life at			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	(t, etc.)
	Longth 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		OIL CONSERVATION COMMISSION	
	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. Juil 12, 12, 2 (Signature) CL CUMPTER (Title)		APPROVED <u>fam. 12</u> , 19 8 2 BY <u>APPROVED</u> TITLE <u>EXAMINENTIAL DISCOUNT</u> 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 allow- able on new and recompleted wells.	
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-	January 1, 1982 (Da	ie)	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. Sectors Forms C-104 must be filed for each cool in multiply	