J. J. CO. 122			-						
SANTA FE			NEW MEXICO OIL						
FILE /			-	REQUES					FO A
u.s.g.s.				AUT	HOR	IZAT	ON T	TO TR	
LAND OFFICE		1	_						
TRANSPORTER	GAS	1	-						
OPERATOR		1							
PRORATION OF	FICE				··.			·	
SUN OIL COM	PANY ,	/							
Address	061 1	Aidla	nd 7	Toyac	. 7	0702			
P. O. Box 1 Reason(s) for filing				exas	- /	9702			
New Well					in T	ranspor	ter of:		
Recompletion Change in Ownership X				Oil Casing	head :	Gas [╡	Dry Go Conde	
									
change of owners d address of prev	ious ow	ner	1U2	LTEX	(AS	COMP	ANY,	P.O.	Вс
ESCRIPTION O	F WEL	L ANI	LEAS	Well N	lo. Po	ol Nam	e. Inc	luding F	- Tma
Glen Farmer	Com			1			-	Farms	
ocation			000						
Unit Letter	<u>N</u>	;	300	Feet F	rom ?	The S	outr	lLir	e an
Line of Section	26	Т	ownship	17	7- S		Ra	nge 1	26-1
ESIGNATION O	F TRA	SPO	RTER	OF O	L AF	ND NA	/Tiin	AL GA	S
ame of Authorized	Transpor	ter of C	iii 🗀			ensate		IL Un	Aci
Permian	Transport	er of C	asinahe	id Gas		or De	v Gae	Ψ-	Bo
Transwester					<u></u>	V. D.	, uus	A .	B
well produces oil	or liquids		Unit		ec.	Twr	,	Rge.	ls
ve location of tank			; K		26			26-E	Y
his production is OMPLETION D.	commin	igled v	vith tha	t from	any o	ther le	ease	er pool,	give
Designate Typ			ion — (011 \	Vell	Gas	Well	Nev
Date Spudded					. Read	iy to P	rod.		Tot
evations (DF, RKE	B, RT, GR	?, etc.;	Name	of Pro	oducin	g Form	ation		Top
erforations .			L		-				Ш
						1116	.		
HOLE	SIZE			CASIN		ING, (IG, AND ZE	CE
		· · · -		.371					
									-
									
EST DATA ANI	REQU	EST I	FOR A	LLOW	ABL			ust be a; this de	
I. WELL ite First New Oil F	Run To To	inks	Date	of Tes	t		315 10		Pro
			<u> </u>						_
Length of Test		Tubi	ng Pres	ems				Cas	
Actual Prod. During Test		011-1	Bbls.					Wat	
	<u>.</u>								
S WELL									
Actual Prod. Test-MCF/D		Leng	th of T	est				Bbl	
Testing Method (nitot hack no.)			7.51	Tubing Pressure (Shut-in)					Cas
Testing Method (pitot, back pr.)								Cas	
RTIFICATE O	F COMI	PLIAN	CE						
		_3							
ereby certify that mmission have b									AF
oove is true and									₿,

(Signature)

(Date)

Production/Proration Supervisor (Title)

July 1, 1981

SANTA FE / FILE / U.S.G.S.	REQUEST AUTHORIZATION TO TR	Form C-104 Supersedes Old C-104 and C-12 Effective 1-1-65					
TRANSPORTER OIL / GAS /		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
OPERATOR PRORATION OFFICE Operator			O. C. D.				
SUN OIL COMPANY /							
P. O. Box 1861, Midla	and, Texas 79702						
Reason(s) for filing (Check proper b	-	Other (Please explain)					
New Well Recompletion	Change in Transporter of: Oil Dry Go						
Change in Ownership X	Castnghead Gas Conde	├					
If change of ownership give name and address of previous owner	SUN TEXAS COMPANY, P.O.	. Box 4067, Midland, T	exas 79704				
DESCRIPTION OF WELL AN							
Glen Farmer Com	Well No. Pool Name, including F 1 Kennedy Farms	' -	ease Lease No.				
Location							
Unit Letter K ;	1980 Feet From The South Lin	ne and 1980 Feet Fr	om The West				
Line of Section 26	Township 17-S Range 2	26-E , _{NMPM} , Ed	ldy County				
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	AS					
Name of Authorized Transporter of (Address (Give address to which ap	oproved copy of this form is to be sent)				
Permian Name of Authorized Transporter of C	Casinghead Gas or Dry Gas X	Box 1183, Houston, TX 77001 Address (Give address to which approved copy of this form is to be sent)					
Transwestern Pipelin		Box 2018, Roswell, NM 88201					
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. K 26 17- \$ 26-E	Is gas actually connected? When Yes 1-5-78					
If this production is commingled	with that from any other lease or pool,						
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
Designate Type of Complete							
Date Spudded	Date Compl. Ready to Prod.	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	CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
TEST DATA AND REQUEST	FOR ALLOWARLE (Test must be a	feer recovery of total volume of load	oil and must be equal to or exceed top allow-				
OII. WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours)	·				
Date First New Oil Hun To Tanks	Date of Test	Producing Method (Flow, pump, gas	s lift, etc.)				
Length 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				
		i dia					
CERTIFICATE OF COMPLIA	NCE	OIL CONSER	VATION COMMISSION				
	regulations of the Oil Conservation	APPROVED					
	with and that the information given ne best of my knowledge and belief.	BY N.a. Gressett					
		SUPERVIS	SOR DISTRICT II				

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 pool in multiply