			~~`.		
	DISTRIBUTION		NSERVATION COMMISSION OR ALLOWABLE AND	Form C-164 Supersedes Old C-104 and C-11 EREGEIVED	
	J.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	5	
ĺ	LAND OFFICE			FEB 8 1982	
	TRANSPORTER OIL V				
	GAS V			O. C. D.	
	PRORATION OFFICE			ARTESIA, OFFICE	
8.	Cperator				
	Sun Exploration & Production Co.				
	Adress .				
	P. O. Box 1861, Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain)				
	Recompletion Ou Dry Gas Name Change Only From: Sun Oil Company				
	Change in Ownership Casinghead Gas Condensate Condensate				
	If change of ownership give name and address of previous owner				
Н.	ESCRIPTION OF WELL AND LEASE Lease Name Well No., Pool Name, Including Formation Kind of Lease Lease No.				
	M. Dodd "A" 2 Grayburg Jackson Queen SA State, Federal or Fee Federal LC028731				
	Location /6	North-			
	Unit Letter;;	Feet From The North-Line	and 660 Feet From The	East	
	Line of Section 22 Tow	nship 17-S Range	29-Е , _{NMEM} , Edd	Y County	
	PERION ATTAN OF TRANSPORT	TER OF OUT AND NATURAL CAL	s		
m.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Aiaress (Give address to which approved	copy of this form is to be sent)	
	Texas-New Mexico Pipe L	ine Comany	P. O. Box 1510, Midland	. Texas 79702	
	Name of Authorized Transporter of Casinghead Gas 🖉 or Dry Gas 📑 🖡		Address (Give address to which approved copy of this form is to be sent)		
	Phillips Pipe Line Comp	any	lst Floor Phillips Bldg		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	0k. 74004	
	give location of tanks. J 22 17 29				
		this production is commingled with that from any other lease or pool, give commingling order number:			
IV.	COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	n - (X)			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
				Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Deptit	
	Perforations	1		Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUEING SIZE	DEPTH SET	SACKS CEMENT	
		· · · · · · · · · · · · · · · · · · ·			
	TEST DATA AND REQUEST E	OPALIOWABLE (Test must be a	fter recovery of total volume of load oil an	id 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, pump, zas lift,	eic.) Post-10-2-	
				Choke Size Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure		
	Actual Prod. During Test	i Cii-3bis.	Water - Bbls.	Gas-MCF	
	Teres rod. During . oor				
	I	<u>.</u>	<u> </u>		
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate	
			Casing Pressure (Shut-in)	Choke Size	
	Testing Mothod (pitat, back pr.)	Tubing Pressure (Shut-in)	Claimy Freesure (Build 11)		
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.		APPROVED, 19		
			BY U.U.	resset	
			TITLE SUPERVISOR, 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 allow-		
	Manu Pere (Signagure)				
	(Signature)				
	Senior Accounting Assistance				
			All sections of this form mus	t be filled out completely for allow-	
	(Ti		able on new and recompleted we	lis.	
	(Ti January 25, 1982		able on new and recompleted we Fill out only Sections I, II, well name or number, or transport	it be filled out completely for allow- lis. III, and VI for changes of owner, er, or other such change of condition.	