

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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AUG 13 1987

O. C. D.
ARTESIA, OFFICE

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
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)
~~Well ST, waiting on Gas Gatherer negotiation~~

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Scoggins Draw Federal Com. Well No. 1 Pool Name, including Formation Red Lake Atoka Morrow Kind of Lease State, Federal or Fee Federal Lease No. NM13987
Location
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West
Line of Section 22 Township 18-S Range 27-E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None makes no condensate <u>Permian</u>	<u>Box 1183 Houston TX 77251</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Under negotiation - Wilcox</u>	<u>Box 1350 Hobbs NM 88240</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit F Sec. 22 Twp. 18 Rge. 27	<u>Yes</u> <u>10-29-87</u>

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.

Maria L. Perez
(Signature)
Associate Accountant
(Title)
8/10/87
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 16 1987, 19
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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 multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
5-27-87	7-9-87		10,000'		9923'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3416.6'	Morrow		9732 top perf		Flowing 9670				
Perforations						Depth Casing Shoe			
9732-9778						10,000			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		500'		525				
11"	8-5/8"		2900'		1230				
7-7/8"	5-1/2"		10,000'		1000				
	2 3/8"		9620						

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas 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
CAOF 28,208	4 hrs	0	0
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
4-pt back pressure	2960#	0 Pkr	19/64"