

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2083
SANTA FE, NEW MEXICO 87501

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

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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	CASINGHEAD GAS MUST NOT BE
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	FLARED AFTER 12-29-85
	<input type="checkbox"/> Dry Gas	UNLESS AN EXCEPTION TO:
	<input type="checkbox"/> Condensate	RULE 306 IS OBTAINED

Ex 2-742

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Magnolia State	Well No. 2	Pool Name, including Formation Artesia Q (Grbg-SA)	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter N : 330 Feet From The South Line and 2160 Feet From The West				
Line of Section 6 Township 19S Range 28E NMPM Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corp.	P.O. Box 3119, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.		
Unit N	Sec. 6	Twp. 19S Rge. 28E
Is gas actually connected?		When
No		

Post ID-2
11-1-85
Camp & Bix

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.

Velma Reyes
(Signature)
Sr. Accounting Assistant
(Title)
10/18/85
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 28 1985, 19
BY Original Signed By
Les A. Clements
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 deviated 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 multiphase 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 9/5/85	Date Compl. Ready to Prod. 9/9/85			Total Depth 2352			P.B.T.D. 2160		
Elevations (DF, RKB, RT, GR, etc.) 3521.5' GL	Name of Producing Formation Grbg - SA			Top Oil/Gas Pay 1848			Tubing Depth 1746		
Perforations 1848 - 2220							Depth Casing Shoe 2352		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 $\frac{1}{4}$	8-5/8	365	250 CL 'C'
7-7/8	5 $\frac{1}{2}$	2352	500 'C' Lite & CL 'C'
	2-3/8	1746	

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 9/25/85	Date of Test 10/16/85	Producing Method (Flow, pump, gas lift, etc.) Pump 10 x 64 x 1 $\frac{1}{2}$	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 6	Water-Bbls. 9	Gas-MCF 1

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MwCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size