

REC'D BY

JUN 02 1986

O. C. D.  
ARTESIA, OFFICESTATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

## 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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SANTA FE	<input checked="" type="checkbox"/>
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LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

SURE ENERGY

Address

P.O. Box 426, Artesia, New Mexico 88210

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)

change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name Donnie "C" State	Well No. 3	Pool Name, including Formation OutPost Delaware	Kind of Lease State, Federal or Fee State	Lease No.
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Location

Unit Letter K ; 1930 Feet From The West Line and 1650 Feet From The SouthLine of Section 25 Township 19S Range 28E , NMPM, Eddy County

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum	Address (Give address to which approved copy of this form is to be sent) Truck #4001, Penbrook, Odessa, Texas 79762
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum	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 G	Sec. 25	Twp. 19S	Rge. 28E	Is gas actually connected? yes	When 5-14-86
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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.

## 1. CERTIFICATE OF COMPLIANCE

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.

Sam B. Blythe  
(Signature)

Consultant  
(Title)

5-2-86  
(Date)

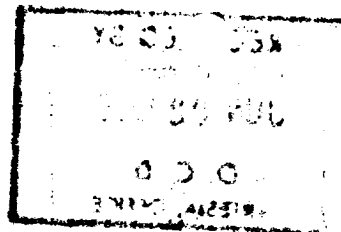
## OIL CONSERVATION DIVISION

APPROVED JUN 4 1986, 19

BY Original Signed By  
Les A. Clements  
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 allow-  
able 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 multi-  
completed wells.



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### COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XX		XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
5-12-86	5-14-86		3525			3485		
Evaluations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
342 GR	Delaware		3177			3279.72		
Information						Depth Casing Shoe		

### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8 24#	790'	530 SX
7 7/8	5 1/2 15 5#	3525'	650 SX
	2 3/8 J-55	3279.72	

### 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.)	
5-14-86	5-20-86	Pump & Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hr.	70 PSI	70 PSI	
Total Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
344	61	283	583, <del>000</del> MCF

S WELL			
Total Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Setting Method (pistol, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size