ULAGY AND MINERALS DEPARTMEN			RECE	IVED Revise	10-1-78
. ** (*** *******		ATION DIVISI <u>O</u> 0x 2088	N		
8AH7A F8		W MEXICO 87501	APR 0'	7 1983	
V.8.U.8.					
LAND DFFICE	DEDUEST FO	OR ALLOWABLE	Q. C.	<i>.</i> D.	
TRANSPORTER OIL		AND	ARTESIA,	OFFICE	
OFERATOR P	AUTHORIZATION TO TRANS	SPORT OIL AND NATUR	AL GAS		
Operator					
Sun Exploration &	Production Company				
A36					
2525 N. W. Express	والمراجع والمتحد والمستجد والمتحد والمتحد والمتحد والمتحد والمحاج والمتحاد والمحاج والمتحد والمتحد والمتحد والمحد		Box 18	61- Millan	
Reason(s) for filing (Check proper New Well	boxj Change in Transporter of:	Other (Please a	splain)		79702
Recompletion					
Change in Ownership	Casinghead Gas Conde				
		······································			
If change of ownership give name and address of previous owner_					
DESCRIPTION OF WELL AN	IN FRACE				- • • •
Lease Name	Well No. Pool Name, Including F	ormation N	(Ind of Lease	,	Lease No.
Bright Federal 🥂	s	itate, Federal	or Foo Fed	NM028347	
Location					
Unit Letter G:_16	550.4 Feet From The North Lir	n* and <u>1681.6</u>	Feet From T	he East	
Line of Section 27	T. mahip 2]S Range	23Е , ммрм,	г	ddv	County
			<u> </u>	uay	
. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA				
Nome of Authorized Transporter of	Cil or CondensateX	Address (Give address to Box 3119 Midlat	which approv	ed copy of this form is	so be sentj
	Permian Name of Authorized Transporter of Casinghead Gas or Dry Gas			ed copy of this form is	to be senti
MARATHON OIL CO.	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids,	Box 1324, Artesia, New Mexico				
give location of tanks.	G 21 21S 23E	Yes	} 	Dec. 65	
If this production is commingled	with that from any other lease or pool,	give commingling order n	umber:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same R	es'v, ' Diff. Res'v.
Designate Type of Comple			•		1
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
				The Death	
Elevations (DF, RKB, RT, GR, etc	, Name of Producing Formation	Top Oil/Gus Pay		Tubing Depth	
Perforations -		l		Depth Casing Shoe	
	TUBING, CASING, AND	D CEMENTING RECORD		1	
HOLESIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CE	MENT
·				<u> </u>	
				i	
. TEST DATA AND REQUEST		ifter recovery of total volume epth or be for full 24 hours)	of load oil a	ind must be equal to o	exceed top allow-
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,)	pump, zas liji	i, eic.)	······································
Length of Test	Tubing Pressure	Casing Pressure		Choxe Size	
		wate:-Bbis.		Gas-MCF	
Actual Prod. During Test	Cil-Bbls.	nglo: + BBIS.			
L.,		<u> </u>		<u> </u>	<u> </u>
GAS WELL					·
Actual Frod. Test-MCF/D	Longth of Toat	Bale. Condensate/AMCF		Gravity of Condensa	! •
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-1	<u></u>	Chole Size	·
Testing kiethod (pitor, back pr.)	· while restrict (Suit-18)	Con., , , , , , , , , , , , , , , , , , ,	- 1		
. CERTIFICATE OF COMPLIA	INCE		VSERVAT	ION DIVISION	
		APR	0 7 1983	ION DIVISION	
I hereby certify that the rules ar	d regulations of the Oil Conservation	APPROVED	Signed Sy		. 19
Division have been complied w above is true and complete to	ith and that the information given the best of my knowledge and belief.	BYLeslia A:			
		TITLE Superviso			
Charles 1	intest	If this is a topup	at for allow	ompliance with nul able for a newly dri	lied or doopenau
15 IS	ignature)	well, this form must b tests taken on the we	あ あじしひにいきり	led by a tradition	Of the Casterton
Office Ass		All sections of th	its form mus	it be filled out comp	letely for allow-
	(Tule)	able on new and reco	mptated we)1 a .	
March 28, 1		well name or number, (or transports	. III, and VI for ch or, or other such char	ing in the contraction
· · · · · ·	(Date)	Separate Forma	C-104 muat	te filed for each	pool in multiply
		completed wells.		2.51	