

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-1
Expires August 31, 1985
4/OF

5. LEASE DESIGNATION AND SERIAL

NM0424859

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bunnel Federal

9. WELL NO.

2

10. FIELD AND POOL OR WILDCAT

Indian Basin Upper

Penn. Gas

11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

18, T-21-S, R-23-E

12. COUNTY OR PARISH

Eddy

13. STATE
N.M.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Oryx Energy Company

3. ADDRESS OF OPERATOR

P. O. Box 1861, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

P, 1200' FSL & 330' FEL

RECEIVED

MAY 18 '89

O. C. D.
ARTESIA, OFFICE

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Change Company Name

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Company Name Changed From: Sun Exploration & Production Co.
P. O. Box 1861
Midland, Texas 79702

18. I hereby certify that the foregoing is true and correct

SIGNED

Maria L. Perez

TITLE

Accountant

DATE

4-25-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

30-015-25007

API NO. NASTATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
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PRODUCTION OFFICE	<input checked="" type="checkbox"/>

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

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

AUG 15 '88

O. C. D.
ARTESIA OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator

Sun Exploration & Production Co. ✓

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)

If change of ownership give name
and address of previous owner

Robert N. Enfield, P. O. Box 2431, Santa Fe, New Mexico 87501

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bunnel Federal	Well No. 2	Pool Name, including Formation Indian Basin Upper Penn Gas	Kind of Lease State, Federal or Fee Federal	Lease No. NM0424859
Location Unit Letter <u>P</u> : <u>1200</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>T-21-S</u> Range <u>R-23-E</u> , NMPM, <u>Eddy</u> 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)	
The Permian Corporation	1509 W. Wall, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Marathon Oil Company, Operator, Indian Basin Gas	Plant and Gathering System, P. O. Box 1324,	
If well produces oil or liquids, give location of tanks.	Unit <u>P</u>	Sec. <u>18</u>
	Twp. <u>21-S</u>	Rge. <u>23-E</u>
	Is gas actually connected?	When
	<u>Yes</u>	<u>3-20-85</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

8-26-88

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.

Accounting Associate

8-11-88

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED

AUG 23 1988

19

BY

Original Signed By

Mike Williams

TITLE

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. Re.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

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
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size