

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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SEP 23 '88

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

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Sun Exploration & Production Co.

Address P. O. Box 1861 Midland, TX 79702

Reason(s) for filing (Check proper box)

New Well Recompletion Change in Ownership

Change in Transporter of: Oil Castinhead Gas Dry Gas Condensate

Other (Please explain) New Well

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Mobil 22 Federal</u>	Well No. <u>10</u>	Pool Name, including Formation <u>Brush Draw-Delaware</u>	Kind of Lease State, Federal or Fee <u>Fed</u>	Lease No. <u>NM22634</u>
Location Unit Letter <u>AL</u> : <u>1775</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u>				
Line of Section <u>22</u> Township <u>26-S</u> Range <u>29-E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Drawer 159, Artesia, NM 88210</u>
Name of Authorized Transporter of Castinhead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Rt. 12, Box 2803, Odessa, TX 79763</u>
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>22</u> Twp. <u>26</u> Rge. <u>29</u>	Is gas actually connected? <u>Yes</u> when <u>8/24/88</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.

Dee Ann Kemp
(Signature)
Accountant
(Title)
9/21/88
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 30 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.

Post ID-2
10-14-88
Comp & BR

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
		XX		XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
6/23/88	8/16/88	6192		5650					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
2876.0' GR	Cherry Canyon	4908		4801					
Perforations							Depth Casing Shoe		
6091-6103, 5941-5988, 5728-5770, 4911-4990, CIBP at 5650									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2		13-3/8		368		375 SXS C			
12-1/4		8-5/8		2900		800 SXS Dowlite 200 SXS			
7-7/8		5-1/2		6192		480 SXS Lite, 100 SXS C			
						235 SXS REC			

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.)	
	9/19/88	Pumping 9x120"x1-1/2"	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	35	216	30

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