

STATE 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  
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PHONATION OFFICE	

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)  
 New Well  
 Recompletion  
 Change in Ownership  
Change in Transporter of:  
 Oil  
 Casinthead Gas  
 Dry Gas  
 Condensate  
Other (Please explain)

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease name Mescalero Ridge "C" Federal Well No. 1 Pool Name, including Formation Spring Mescalero Escarpe Bone Kind of Lease Federal  
Location Unit Letter D ; 330 Feet From The North Line and 330 Feet From The West LC-065394-B  
Line of Section 18 Township 18-S Range 34-E N.M.P.M. Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate   
Sun Refining & Marketing Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 3187, Longview, Texas 75606  
Name of Authorized Transporter of Casinthead Gas  or Dry Gas   
Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent)  
4001 Penbrook, Odessa, Texas 79762  
If well produces oil or liquids, give location of tanks. Unit 13 Sec. 18-S Twp. 33-E Is gas actually connected? Yes when 11-27-85

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)  
Associate Accountant  
(Title)  
12/12/85  
(Date)

OIL CONSERVATION DIVISION  
APPROVED DEC 17 1985  
BY ORIGINAL SIGNED BY JERRY SEXTON 19  
TITLE INSPECTOR SUPERVISOR

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 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.
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
9-20-85		11-27-85		9180		9010			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
4090' GR		Bone Springs		7073		8958			
Perforations						Depth Casing Shoe			
8882-8890, 8834-8839, 8772-8850						8958			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2		13-3/8		365		375 sks			
12 1/4		8-5/8		3300		1050 sks			
7-7/8		5 1/2		9180		1950 sks			

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.)	
11-2-85		12-9-85	Pumping 1 1/2"	
Length of Test		Tubing Pressure	Casing Pressure	Choke Size
24 hrs.				
Actual Prod. During Test		Oil - bbls.	Water - bbls.	Gas - MCF
		43	8	195

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (plug, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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